

A Qualitative Study: Stress Adaptation in Elderly during the COVID-19 Pandemic Era

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Abstract

This study aimed to explore the stress adaptation pattern in elderly during the Coronavirus-2019 (COVID-19) pandemic. This study will help psychiatric nursing to improve the quality life of the elderly in the future. This qualitative study used a phenomenological approach involving with ten participants in Surabaya. A qualitative analysis was conducted to analyzed data collected from in-depth interviews. There were four main themes found in this study include 1) causes of stress during the COVID-19 pandemic, 2) physical symptoms caused by stress, 3) coping resources to confront stress, and 4) coping mechanisms used for encountering stressors. This study stated that the elderly's mental state was quite affected by the coronavirus. Training and educational programs discussing psychological strategies to overcome stress are highly recommended for the elderly. Likewise, activities related to community support improvement (online) are essential to help them overcome psychological hardships during the pandemic.

Keywords: elderly; stress adaptation pattern; COVID-19 pandemic.

Abstrak

Penelitian ini bertujuan untuk mengetahui pola adaptasi stres pada lansia di masa pandemi virus corona-2019 (COVID-19). Penelitian ini akan sangat membantu perawat keperawatan jiwa untuk meningkatkan kualitas hidup lansia di masa yang akan datang. Penelitian kualitatif digunakan dengan pendekatan fenomenologis dengan melibatkan sepuluh partisipan di Surabaya. Analisis kualitatif dilakukan untuk menganalisis data yang dikumpulkan dari wawancara mendalam. Ada empat tema utama yang ditemukan dalam penelitian ini meliputi 1) penyebab stres selama pandemi COVID-19, 2) gejala fisik yang disebabkan oleh stres, 3) sumber koping untuk menghadapi stres, dan 4) mekanisme koping yang digunakan untuk menghadapi stresor. Penelitian ini menyatakan bahwa kondisi mental lansia cukup terpengaruh akibat virus corona. Program pelatihan dan pendidikan yang membahas strategi psikologis untuk mengatasi stres sangat direkomendasikan untuk lansia. Demikian pula, kegiatan yang terkait dengan peningkatan dukungan masyarakat (online) sangat penting untuk membantu mereka mengatasi kesulitan psikologis selama pandemi.

Kata kunci: lansia; pola adaptasi stres; pandemi covid-19

Introduction

The coronavirus or COVID-19 was originated in Wuhan, China, in December 2019 before the virus spread out over the world. On 11th March 2020, the World Health Organization (WHO) declared COVID-19 as a pandemic. The pandemic had negatively impacted human's physical, emotional, spiritual, and social conduct(s) (Buenaventura et al., 2020). The elderly is the vulnerable age affected by covid-19. Older people susceptible to receiving the COVID-19's effects such as physical risks and degenerated emotional well-being. In addition, stress is more likely prone to the elderly because they have a higher time of dying from the severe impact of the virus (Shigemura et al., 2020; Yang et al., 2020; Zhou et al., 2020). The social consequences of the lockdown can affect older people who are not familiar with technology. For example, the consequences can result in disconnection from social relationships, disrupted daily routines, movement inactivity, and decreased sensory stimulation. Isolation and other related factors might negatively impact the elderly's mental health (García-Fernández et al., 2020). Even with their closest relatives, the elderly who implement social distancing could experience heightened loneliness and worries during the pandemic (Maggi et al., 2021). After, since and during the quarantine of the pandemic covid-19, there are psychological impact such as PTS (Post-Traumatic Stress) and severe emotional exhaustion, which could eventually affect one's mental health (Brooks et al., 2020).

Mental health is a healthy emotional state of emotion, psychology, and society which could be identified by interpersonal relationship satisfaction, appropriate behavior, positive coping mechanism, stable emotions, and positive self-conceptualization (Sheila L. Videbeck, 2020). Pargament defines "coping" as a purposeful searching process when a person is in fully pressured and stressed situations (Canda and Furman, 2019). Meanwhile, coping mechanism is all efforts conducted to manage stress (constructively and destructively) (Stuart, 2016). A pandemic should be confronted positively to avoid pathological distress, and all means related to increased survival rate are needed. Stress management is typically related to coping strategies needed to face various problems during the coronavirus era, would not appear randomly. "Coping" would only form through different efforts and strategies conducted by every person. A person's purpose in doing "cope" is to protect him/herself from pressure and adapt to the pandemic situation (Daulay, 2020). Based on this study, elderly's stress coping experience and mechanisms could be the reference to improve their life quality, especially their mental health. It is important for the medical personnel or families to provide better care for the elderly in the future. With the background above, the authors are interested to study the elderly's stress adaptation during the COVID-19 pandemic.

Methods

This study was conducted by implementing a qualitative phenomenological approach to explore human experiences (Yusuf et al., 2017). The target population were the elderly in Surabaya. Purposive sampling was used as the sampling technique, and it determined sample with specific considerations. The authors then chose the sample criteria, then determined the sample independently under some conditions. The authors chose the most relevant informants who can provide a lot of data (Yusuf et al., 2017). The samples of this study were ten elderlies (60 to 80 years old) who met the consideration set by author until the data saturation is achieved.

Results

The study was conducted in Surabaya, where ten elderlies were chosen. Nine participants were women, and only one was male. An intimate interview was conducted with informants. Four themes were chosen: 1) causes of stress during the pandemic, 2) physical symptoms caused by stress, 3) stress coping resources, and 4) stress coping mechanisms.

1. Causes of stress during the COVID-19 pandemic

Social activities have been restricted as a precaution against the spread of COVID-19. The existence of a large-scale social restriction policy triggered some disoriented behavior that shows symptoms of anxiety, fear, sadness, and boredom due to isolation. Concerns about family members infected by COVID-19 also cause feelings of anxiety. Elderly could also be stressed out due to sadness when their COVID-19 positive family members pass away. COVID-19 has negatively affected Indonesia and its economy. The government has notified the public to reduce activities outside the house, close down the tourism attractions, and lockdown several companies and factories. Furthermore, various other reasons exist beyond Indonesia's economic crisis too.

a. Social activities restriction

This sub-theme is supported by the following participants' statements on what causes them to stress during the pandemic:

"Yo opo.....mau opo-opo ya gak bebas ya.....gak bebas karena ga bisa ke gereja, begitu gereja buka langsung berangkat." ("I could not freely do my activities; I was not able to go to a Church as it was prohibited. As soon as it was allowed, I went to the Church immediately.") (P1).

"Keluhan saya ya gitu sejak pandemi gak boleh keluar..... stres. Sejak pandemi memang stres"

gak kumpul mbek temen-temen” (“I was stressed because the government did not allow us to gather outdoor. The stress appeared as I could not meet my friends.”) (P5).

“Perasaan nya ya gimana ya. Cuma wa an aja selamat pagi selamat siang, ya kangen nya itu ya. Cuma melalui wa.....ya itu ya agak gimana ini sudah tiga tahun ya. Sudah tua-tua kan gak boleh ke gereja itu....rindu” (“I could only say hello to my friends via WhatsApp. It made me miss them. Three years of pandemic felt strange. I missed going to the Church”) (P6).

“Wong anak-anak sumpek apalagi kita, ya sumpek gitu. Yang dirasakan ya itu tadi....galau.....Bete.....Sebel. Ndak enak, ya kan biasanya seumur umur gini kan kita perlu teman ya kan untuk ngobrol” (“The kids were uneasy because of the social restriction; imagine what it did to us (old people). I was perplexed, annoyed, and cranked. It was hard as people my age needed friends to chat with”) (P8).

“Tidak bisa berkumpul, gak bisa cerita-cerita dengan sesama lansia” (“I could not socialize with other people and tell stories to my friends”) (P9).

b. Fear of COVID-19 infection infected other family members

The following are excerpts of quotes that support the subtheme statement:

“Kalo meninggal ndak takut saya, tapi kalo nularinya itu loh kan kasian. Ini cucu saya dua tinggal di sini, nanti gara gara saya kena covid nulari yang lain” (“I was not afraid to die, but I was more afraid if I infected other people. I have two grandkids living with me, and I was afraid if they ever get infected with COVID-19 because of me”) (P7).

“Kekhawatiran saya pada anak saya yang jadi dokter, kalo dokter kan setiap hari ketemu orang sakit..... saya kuatirnya di situ” (“I was afraid for my doctor's son. Doctors meet patients every day, and I was worried”) (P10).

c. The disruption of economic stability

The following are participant expressions that support the sub-theme:

“Perubahan ekonomi nya jelas, drastis sekali.....ini karena usaha penjualan makanan gak seberapa jalan, saya sempat stres waktu itu. Saya sampai sempat di titik nol. Saya bingung, saya harus bagaimana ya, saya harus bangkit dari mana” (“I experienced drastic economic change as my food business did not generate any

profit. I was stressed because of that. It brought me to my lowest point. I did not know what to do. I did not know where to start again”) (P3).

d. Family members who died from COVID-19

The following are participant expressions that support the sub-theme:

“Selama pandemi itu kemaren jelas banyak sedih karena yang pertama itu Juli menantu perempuan saya gak ada katanya kena covid, habis gitu adek saya yang paling kecil meninggal karena covid, sedih saya” (“The pandemic has brought me sadness as I witness my daughter in-law passed away in July. Not too long after that, my little brother also passed away. I was sad.”) (P7).

2. Physical symptoms due to stress

Decrease in appetite and dyspepsia. The following are the informants' quotations that support the sub-themes above:

Saya kena maag iya.....karena orang stres mesti maag nya kena ya” (“I had dyspepsia; stressed people tend to have dyspepsia”)(P3).

“Saya ini turun berat badan, stres. Jadi ndak suka makan sampai ini perut sakit maag gitu.....” (“I lost my weight because I was stressed. I did not lose my appetite until my stomach hurt”)(P5).

3. Source of coping when facing stress

a. Family and social support

The following are the informants' statements that support the sub-theme above:

“Soalnya mereka itu setiap saat telpon ke saya, anak-anak dan cucu saya, jadi sebelum saya telpon mereka sudah telpon duluan.....ya mereka mantau kondisi saya terus gitu” (“My children and grandkids call me almost every time. Before I initiatedly called them, they would have called me first. They always monitored my condition.”) (P2).

“Teman yang bikin isa bertahanbersyukur ada banyak teman yang peduli di saat saya ndak berdaya” (“My friends helped me cope with the stress. I was blessed to have a lot of caring friends during my hard times”) (P3).

b. Information about COVID-19 and its prevention of transmission

The following are the participants' statements that support the sub-theme above:

“Kalau ada informasi-informasi gitu saya

sering mengikuti. Kadang dari grup Whatsapp informasinya, atau dari youtube gitu. Kan banyak dokter-dokter yang ngasih informasi di youtube.....misalnya punya gejala gini harus cepat-cepat gini” (“I often watched and read information about COVID-19. The information was from various sources such as YouTube or WhatsApp. There were many doctors who posted contents related to COVID-19) (P2).

“Kadang-kadang di youtube ada to....informasi untuk penyakit saya.....tapi kadang-kadang gak mandi. Selain dari youtube ya dari dokter to informasi ne” (“I sometimes got the information about my disease from YouTube, but sometimes it did not work. I also sometimes got the information from doctors.”) (P5).

- c. **Religious belief: surrender and belief that God will be there to help in all circumstances.** Following are the informants’ statements that support the sub-theme:

“Aku wes pasrah sama Tuhan, wis tergantung Tuhan” (“I surrendered to God and depended on His will”) (P1).

“Gini kalau saya memang Tuhan menghendaki kita kan sudah berusaha semaksimal mungkin ya, tapi kalau memang Tuhan menghendaki lain juga gimana? Kita kan gak bisa nolak” (“We might have tried our best but the end result is in God’s hand”) (P2).

“Saya gini terus terang kalo saya lagi stres gitu saya malah banyak duduk diem doa saja, berserah sama Tuhan.....iya berserah sama Tuhan sungguh saya. Saya hanya percaya sama Tuhan saja dah, Tapi saya percaya bahwa Tuhan itu pasti buka jalan.” (“I would just pray and sit if I was ever stressed. I relied on His decision and trusted only in His will. I believed that God would show me His help”) (P3).

“Orang itu umur di tangan Tuhan. Biar pun sampai kena covid umpama nya, kalo belum waktu nya mati gak akan mati..... Gitu loh....jadi jangan terlalu takut, yang penting ini kita selalu bersandar pada Tuhan, kita harus hidup lebih sesuai lagi dengan firman. ” (“Human’s life is in God’s hand. We will not pass away although the coronavirus infects us. It is because our death has not come yet. There is nothing to be afraid of if we surrender ourselves to God”) (P4).

“Kita pasrah pada yang di atas....iman nya harus kuat ya” (“We have to surrender to God and strengthen our faith”) (P6).

“Rasa takut kalo ketularan covid itu saya serahkan sama Tuhan.” (“The fear of catching the coronavirus is in the God’s hand”) (P9).

“Tapi ya sudahlah, kita kan ber-Tuhan yakita ada yang diserahi (berserah pada Tuhan)...Dia lah (Tuhan) yang akan membimbing gitu” (“We have to surrender to God, and He will guide us in return”)(P10).

4. Coping mechanisms

- a. **The coping mechanism focuses on the problem by carrying out health protocols according to the government advice to prevent the transmission of COVID-19**

The following are the informants’ statements that support the sub-theme above:

“Cuci tangan, pakai masker kalau keluar, kalau pulang ya keramas mandi, semua baju ganti, jarang keluar rumah.....makanan ndak pernah beli makanan di luar enak masak sendiri” (“Do not forget to wash your hands and wear your mask when you are going outside. Immediately shower and change your clothes after you get home. I rarely buy food from food vendors; I prefer cooking myself”) (P1).

“Ya kalau keluar ngikuti protocol kesehatan, pake masker.....ya sering sering cuci tangan....tapi ya jarang keluar” (“I followed the health protocol every time I went outside. I wear my mask, wash my hands frequently, and I rarely went outside my house”) (P2).

“Gak pernah keluar rumah. Pokok dari corona awal itu gak pernah keluar sama sekali. Saya kalo keluar pagar itu mesti pake masker, pokok saya aman” (“I never went outside my house since the beginning of the pandemic. Even if I went near the fence of my house, I always wear my mask so that I feel safe from the coronavirus”) (P3).

“Ya kita jaga jarak , kalau ada yang datang berkunjung ya mandi setelahnya, keramas ya jadi supaya tidak tertular yang dikunjungin gitu, pokoknya harus jaga prokes” (“We kept our distance. I immediately showered and washed my hair after someone visited me to avoid getting infected. Complying with health protocols is a must”) (P6).

“Saya juga gak berani berkunjung ke rumah anak, gak berani kerumah menantu. Kalo masker jelas pake saya” (“I did not dare to visit

my kid and in-law's house. But I wear my mask regardless") (P7).

"Kalo keluar itu kalo gak pake masker itu apa ya takutnya kalo ada virus yang masuk gitu.....lha banyak yang sakit. Kalo pulang cuci tangan, cuci tangan sering-sering, pake masker" ("If I went out without wearing my mask, the virus could get me because many infected people were outside. I always washed my hand after I got home") (P9).

b. Cognitively focused coping mechanism: carrying out religious activities

The following are the informants' statements supporting the above sub-theme:

"Kalau malam doa....gitu aja, kadang baca alkitab. Kata teman wis doa rosario aja lek nganggur." ("I prayed at night; sometimes I read the Bible. My friend recommended that I pray the rosary if I ever have any spare time") (P1).

"Saya di rumah ya paling nyanyi-nyanyi denger lagu puji-pujian rohani gitu aja, baca firman kitab suci." ("My activities indoors were singing, listening to spiritual songs, and reading the Bible")(P3).

"Nah cara mengatasi stres, kita lebih dekat pada Tuhan aja, gitu untuk saya. Jadi saya di masa pandemi itu banyak mendengarkan firman Tuhan di alkitab" ("My way of overcoming stress was by bringing myself closer to God. I felt like the pandemic has made me listen to God's words more within the Bible")(P4).

"Pokoke lek lagi kesel saya nyanyi puji-pujian. Biasanya kan doa, tenang to kalo sudah doa pagi" ("I sang the Church's hymn whenever I was tired. Morning prayers calmed my soul")(P5).

"Saya berdoa di sini tiap malam berdoa" ("I prayed here every night") (P7).

"Bukan sok ini ya....saya ya baca-baca firman kitab suci" ("I do not mean to be pretentious, but I always overcome my stress by reading the Bible")(P8).

"Ya dibawa doa itu aja, biar Tuhan sendiri yang melawat saudara, anak, cucu yang jauh. Paling dibawa doa udah hilang, udah ga ada rasa kuatir" ("I carried it in my prayers. God will visit my kids, grandkids, and my relatives. All my worries were gone after I prayed") (P9).

Discussions

1. Source of Stress During the Pandemic

Stress and fear are typical reactions to a threatening and unexpected situation like the pandemic. Aside from the virus threat, quarantines implemented by various countries could bring adverse psychological effects and escalate stress symptoms (Rosyanti and Hadi, 2020). Fear also appears when a person is afraid that one of his/her family members might get infected. Many people who lost their families and friends were also deeply grieved and stressed. The coronavirus negatively impacted Indonesia's economy. The public was encouraged to avoid outdoor activities, close down tourist attractions, and lockdown of various factories and companies.

a. Social activities restrictions

The large-scale social restriction policy triggered behaviors that showed symptoms of anxiety, fear, sadness, and boredom. Negative responses from individuals due to restrictions on social activities ultimately affected one's social aspects and disrupted one's social functionality. Social functionality itself is a person's ability to carry out social functions (Fahrezi *et al.*, 2020).

One of the common problems for the elderly is limited relationships. The elderly tended to find new friends to replace their kids, husbands, and wives who passed away (Hurlock, 2018). Social restrictions during the pandemic have increasingly limited relationships, resulting in stress. One form of activity that the elderly usually does in social life is participating in spiritual activities. A spiritual group could build a sense of togetherness, mutual love from its members, appreciation, and care; Spiritual support such as sharing is practical. Sharing is based on the altruism principle and reciprocity and the common beliefs about suffering and mutual help (Kosalina, 2018). The elderly sampled for this study were those who actively socialized and participated in sports or mass prayer. They have the right to say that social distancing causes stress, longing, and fatigue. The feelings mentioned above are the cultivation of a lack of conversation and face-to-face socialization with families and friends.

b. Fear of COVID-19 infection among family members

Fatmawati and Ahmad (2021) state that the public may experience anxiety due to the proliferation of information related to the spread of COVID-19 and increased number of COVID-

19 cases. Negative news that an isolated Covid patient died without being accompanied by his family exacerbates the situation. In addition, the families of people with COVID-19 seemed to be alienated by society due to stigma (Fatmawati and Ahmad, 2021). Anxiety is a normal human response that arises because of increasing self-awareness caused by certain threatening situations (Sadock, 2020). How much burden a person carries causes a high level of anxiety (Stuart, 2016). The burden that the elderly had during the pandemic was that they were afraid to infect people they loved (Rayani and Purqoti, 2020). The above statements affirm the recent findings that the informants were worried if a family member was infected with COVID-19. They were unbothered about being infected with coronavirus alone, but they felt worried to spread the virus to other family members.

c. Disruption of economic stability

One of the problems the elderly experienced is the disruption of economic stability, primarily when health problems occurred (Hurlock, 2018). Social restriction (social distancing) is considered as a more preferred solution than a lockdown, which locks everyone's access to enter and leave the country to prevent the spread of the virus. Such policy aims to avoid social activities. At the same time, lockdown is a condition where an area would be isolated, and there would be a complete stop of all activities in that area. The fundamental reason of such policy application is that many Indonesians rely on daily wages.

The COVID-19 pandemic has increased unemployment, business cost in every sector, as well as reduced income, consumption due to shifts in consumer preferences for each item. Besides, people are more vulnerable to disease and changes in economic conditions. Based on several studies, families experienced the severe impact of the pandemic. The survey on the impact of the pandemic on the Indonesian household economy conducted by the Indonesian Institute of Sciences (LIPI) on July 10-31, 2020 concluded that economic instability occurred due to layoffs, reduced salaries, and decreased profits during the pandemic (Rohaniah and Rahmaini, 2021). In addition, many small businesses were also affected due to the reduced number of consumers and then aggravated by the increase in raw material prices (Kurniasih, 2020). Similarly, the third participant experienced a decrease in food sales. As a result, his/her main source of income has drastically decreased during the COVID-19 pandemic.

d. Family members who died from COVID-19

The public had to endure different strict protocols if they wanted to bury their loved ones who passed away due to COVID-19. The corpse was fully wrapped to avoid any leak of bodily fluid before it was moved to the morgue. The patient's family was only allowed to see the body before it was wrapped and only if they wore Personal Protective Equipment (PPE). The body would be delivered by a special hearse and should be buried preferably not more than four hours after. The new protocol felt strange for the families who still grieved about their relatives. They were unable to bury the body from a close distance and prohibited from praying in front of the body (Yuansari Octaviana Kansil, 2021). Death is an event that causes deep sadness because of the loss of a loved one. It is an important event in human life. Humans must be able to accept when he/she will die due to various factors such as accidents, illness, and even the coronavirus. Grief is an emotional experience that arises as a reaction to one's loss. The feeling of loss due to grieving is a disturbing experience that causes stress (Wardhani and Panuntun, 2020).

2. Physical symptoms due to stress

a. Decreased appetite and dyspepsia

Stress is a condition experienced when there is a mismatch between accepted demands and the ability to cope. Stress occurs when a stressor is perceived as a threat. Stress causes anxiety, which begins with physical and psychological health disorders (physiological, cognitive, emotional, and behavioral) (Perry and Potter, 2021). Stress can cause changes in the physiological functions of body systems, one of which is the digestive system. Some of the impacts in the digestive system include loss of appetite, empty stomach, increased stomach acid, and hungry pangs. An empty stomach due to decreased appetite and excessive gastric acid production due to stress will irritate the gastric mucosal wall (Uwa *et al.*, 2019). The current findings also showed stress decreased appetite and even caused weight loss and dyspepsia.

3. Source of stress coping

Sources of coping are protective factors that help individuals make choices or strategies in confronting stress. The experience of stress during a pandemic was subjective. When an individual has a tough personality and self-control, the sources of stress can be managed and overcome. The individual will also be able to motivate himself to stay strong and adept.

a. Family and social support from friends

Social support is a form of attention, comfort, appreciation, and assistance received by individuals from other individuals or groups. Social support is obtained from close social relationships, such as family, peers, and the surrounding community. Social support can be given online, over the phone, or through social media to show caring and love (Rachmawati and Nurhamida, 2018). Such support will create a feeling of comfort, respect, and care. It is an interactive communication process in social networks is beneficial for one's psychological well-being. It can prevent mental health threats and make people more optimistic in living their lives. It can also reduce stress levels and replace them with more positive aspects (Basar *et al.*, 2021).

Families can also provide social backup because they are a place of support, hope, a place to tell stories, and a place to complain when someone faces problems (Budiarti and Hanoum, 2019). Family can act as a social support provider who offers help when a problem arises (Videbeck, 2020). Family support consists of appraisal, informational, instrumental, and emotional support. Appraisal support includes job, achievement, and social support, such as feedback, comparison, and affirmation. Informational support includes provision of appropriate information for the elderly. Instrumental support includes the provision of facilities by the family when the elderly has problems, especially health problems during the pandemic. Furthermore, emotional support aims to provide feelings of comfort, love, and empathy (Pardede *et al.*, 2021). The informants in this study felt grateful because they still had caring and supportive friends or family. Friends and family play a role to give caring and assistance to make them survive from the stress during the pandemic.

b. Information about COVID-19 and the prevention of transmission

Problem-solving skills as a source of coping include finding information, identifying problems, considering alternatives, and implementing problem-solving action plans (Stuart, 2016). The best way to prevent the spread of COVID-19 is to take preventive measures as early as possible. The informants had done some such as wearing masks, washing hands, and keeping a distance. A behavior can be created because of the knowledge that supports it. Before a behavior appears, people must know the benefits of

carrying out an action (Ganing and Muslimin, 2020).

The more information one gets, the more one's knowledge. However, it is undeniable that with many sources of information in the society, especially for ordinary people, receiving basic information sometimes can lead to misperceptions. Several studies significantly show a positive correlation between community's knowledge and their positive preventive actions against the transmission of COVID-19 (Ganing and Muslimin, 2020). The elderly also desired to maintain health and prevent COVID-19 infection. Knowledge about COVID-19 prevention is a source of coping that will help individuals make choices or strategies in dealing with its spread on themselves or their families. In this study, the informants stated that they actively looked for information on their own social media, television, WhatsApp groups, and YouTube. After receiving the information, the elderly chose a preventive measure they could do against COVID-19.

c. Religious belief: surrendering and believing that God will be there to help in all circumstances

Religion has two roles as part of the coping process. First, religion can influence the coping process in dealing with life events. For example, getting closer to God, believing all events in life under God's will, and intensely carrying out religious activities will positively impact stress coping mechanism. Second, religion can be the coping result. Several studies confirm the benefits of religious coping, for example, increased subjective well-being (Nikmanesh and Ansari, 2018; Abu-Raiya *et al.*, 2020; Daulay, 2020; Habib *et al.*, 2020). Subjective well-being is defined being free from any disturbances, including stress. It is an individual's assessment of his or her life experience on affective components (feeling more positive emotions than negative emotions) and cognitive components (satisfaction with life both in the past and present) (Herlena and Seftiani, 2018).

From the results, the participants surrendered to God's will and, at the same time, believed that God would open the way and provide help to overcome their difficulties. Meanwhile, believing that God always helps will create a sense of optimism. This is evidenced by previous research, which proves that high levels of spirituality affect subjective well-being through an attitude of optimism (Aglozo *et al.*, 2021). Other studies have also shown

that feelings of being loved and being in a loving relationship with God affect optimism among African American adults (Mattis *et al.*, 2017). From previous studies, individuals who surrender to God have lower stress levels. Although submission to God is often associated with passivity, surrendering to God in here is an active, liberating attitude. The individual voluntarily gives God control over himself (Clements and Ermakova, 2012; Cyphers and Clements, 2018).

4. Coping mechanism

A coping mechanism is what a person does to solve a problem. The characteristics of coping mechanisms consist of adaptive and maladaptive coping mechanisms. Adaptive coping mechanisms can lead to positive responses that enable individuals to achieve a state of balance and strengthen their physical and psychological health. In contrast, the maladaptive coping mechanism is a coping mechanism that can inhibit the integration function and cause a negative response (Stuart, 2016). If the coping mechanism is carried out correctly and successfully overcomes the problem, a person will be able to adapt to the change or problem (Ardyani and Putri, 2021).

a. The coping mechanism focuses on the problem by carrying out health protocols according to government advice to prevent the transmission of COVID-19.

Problem-focused coping mechanisms are coping mechanisms that involve direct tasks and efforts to address the problem (Stuart, 2016). Informants in this study used a problem-focused coping mechanism by complying with health protocols and doing social distancing as recommended by the government to prevent the transmission of COVID-19. The informants had conducted some health protocols such as washing hands, using masks, maintaining distance, staying away from crowds, and limiting mobility by not leaving the house without purpose.

b. Cognitively focused coping mechanism: carrying out religious activities

Cognitively focused coping mechanisms are the state where a person controls a problem and neutralizes it (Stuart, 2016). Religious coping is the ability to understand and deal with stressful conditions by using patterns of values, beliefs, symbols, behaviors/rituals, and spiritually oriented experiences. Indonesian are a very religious society and consider religion important in their lives. Changes in the spirituality of the elderly were marked by changes in interests and attitudes towards religious activities as the elderly saw

many of their peers passed away. Therefore, they were motivated to pursue religious activities. Generally, in Indonesia context, the older a person is, the more serious he/she is spiritually. This is supported by several factors, namely age, leisure, lighter burden of life, kids, and financial freedom (Paende, 2019).

The inclusion of the elderly in a sympathetic religious group will provide emotional support and bring a physically and psychologically healthy lifestyle. Activities related to religion are often chosen by the elderly to cope with negative emotions (stress, depression, and loneliness). The elderly prefer the religious path because they think much about death and not the world anymore (Amelia *et al.*, 2020). Several studies have shown that religious coping positively impacts individuals during the pandemic. Religious coping minimizes stress, raises subjective well-being and increases resilience to positively interpret the difficulties during the pandemic (Roberto *et al.*, 2020; Munawar and Choudhry, 2021; Olagoke and Hughes, 2021). Another study shows that religious coping played a protective role against suicide attempts (Shearer *et al.*, 2018; Arya *et al.*, 2019). This result can be attributed to reduced aggressiveness of religious practices as a coping mechanism. Medial prefrontal cortex activation during religious practice may reduce aggressiveness (Ayu and Gunadi, 2020). Previous studies have shown that doing "meditative" prayer can reduce stress levels by reducing the activity of the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis, which reduces the production of cortisol hormone (stress hormone) (Chirico *et al.*, 2020). In line with the previous case, the elderly in this study had a coping mechanism by carrying out religious activities. The informants prayed, read the Bible, and listened to spiritual songs because they made them feel calm.

Conclusions

This study stated that the mental condition of the elderly was quite affected during the COVID-19 pandemic. This is due to restrictions on social activities that disrupt economic stability and social function. The informants also experienced stress due to grieving because a family member or friend passed away. As a result, psychological stress also causes a reaction to physical illness. However, the informants in this study accepted, endured, and gradually adapted to the stressors they faced during the pandemic. When an individual has a good personality, the sources of stress will immediately be overcome with solutions. Furthermore, the individual will remain strong

and able to adapt through self-motivation (Daulay, 2020). The elderly in this study utilized their coping resources well. They were able to develop positive or adaptive coping strategies and mechanisms.

Education and training programs on psychological strategies for stress management are highly recommended for the elderly. In addition, activities that increase social or community support on a non-face-to-face basis, e.g., a self-help group, are also needed by the elderly to overcome the psychological hardships due to the COVID-19 pandemic.

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