The effect of pastoral assistance programs on mental health and resilience of congregational members who lost their jobs during the Covid-19 pandemic

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Abstract: This study aimed to determine the effect of the pastoral care program on the mental health and resilience of church members who lost their jobs during the COVID-19 pandemic. The research method used is quantitative using the Correlated T-test data analysis technique. The research found that the pastoral assistance program applied to congregations who lost their jobs during the COVID-19 pandemic had a significant positive effect on mental health. Likewise, the results of the analysis of the pastoral assistance program applied to congregations who lost their jobs during the COVID-19 pandemic on the resilience of church congregations. So it can be said that there is a significant effect of the pastoral assistance program on the mental health and resilience of the congregation who lost their jobs during the COVID-19 pandemic. Pastoral assistance programs are essential to provide, considering their various functions that impact mental health and provide a complete self-understanding for the community. The congregation is to be able to have resilient behavior where this is important to adapt and lead a normal lifestyle despite losing a job during the COVID-19 pandemic.
Keywords: Mental health; pastoral care; resilience

Introduction

Covid 19 has affected all sectors in Indonesia to varying degrees. Angrist et al., (2021) said that many sectors will be affected in the short term due to the COVID-19, such as health, manufacturing, food, retail, e-commerce, information, and communication technology sectors that are still surviving in a pandemic situation. As for the tourism sector, construction could potentially experience defeat in surviving this situation. SOE Minister Erick Thohir revealed that as many as 3.5 million people lost their jobs due to the Covid-19 virus outbreak (Santoso & Santosa, 2020). At an early stage, the International Labor Organization (ILO) estimated that the COVID-19 pandemic could cause the loss of around 25 million jobs worldwide. In addition, the ILO estimates that the number of hours worked in the second quarter of 2020 will be 10.5%, or 305 million employees, with full-time working hours being 48 hours per week (International Labour Organization (ILO), 2020).

The shock in the economic sector due to COVID-19 affected the mental health of some families, especially the lower middle class (Nair & Banerjee, 2020). According to the Deputy Chairperson of the Indonesian Chamber of Commerce and Industry (KADIN), the reason the company laid off its employees during the pandemic was due to weak market demand due to the Large-Scale Social Restrictions (PSBB) policy (Merdeka, 2020). In addition to these factors, there is a lack of capital support and limited cash flow to provide salaries for its employees (Suprehatin, 2021). During the global Covid-19 pandemic, there was an increase in the number of people experiencing symptoms of depression. Based on the self-examination of anxiety, depression, and trauma on 1,522 respondents in Indonesia conducted by the Association of Indonesian Mental Specialists (PDSKJI), it was found that who knew 64% of respondents suffer from symptoms of anxiety. Not only that, 80% of respondents experienced depression and had experienced psychological trauma due to the pandemic outbreak.

According to Lubis (2016), losing a job is like losing a loved one. The emotional side of someone who loses a job causes setbacks in mental health such as shock, rejection, anger, acceptance, and hope (Ningsih, 2020). Dawn Norris, a psychologist who focuses on self-identification, says that losing a job can seem like dehumanizing behavior, especially to laid-off workers. Not only that, Norris revealed that most people's lives are determined by their earning capacity, profit, and income (Rutgers University Press, 2016).

An effort is needed to maintain mental health called flexibility to overcome this. These abilities enable healthy and productive responses to complex and traumatic challenges, which are essential for dealing with the stresses of everyday life. When it takes patience to get out of difficult situations and adversity that often causes stress and anxiety, patience helps people understand what it means to fail and try to do better than before, reduce depression, and reduce the risk of anxiety (Walsh, 2020). Resilience should be understood as an individual's ability to adapt well to risks and challenges, recover, be happier, more robust, and smarter. Not only do tough people return to normal after a challenge, but they can perform better than before. (Adekola & Clelland, 2020). Azzahra (2017) states that resilience negatively influences various psychological distresses, so the higher a person's level of resilience, the lower the psychological pressure experienced. During this outbreak, it is essential for everyone, especially those who lost their jobs due to the epidemic, to have resilience. However, in reality, not everyone can do that.

Implementing the Pastoral mentoring program allows all churches to unite to be more active in thinking and behaving. Every problem requires a solution alone or with the help of others, and getting advice from others can help them deal with complex problems in life. A person himself has four physical, psychological, social, and spiritual aspects, and these four aspects have a significant influence on life's problems. In church life, a Pastor must help the congregation struggling in life. In this study, the author wants to examine the effect of pastoral care programs on the mental health and resilience of church members who lost their jobs during the COVID-19 pandemic.

Tanamal, (2021) concluded that several factors influence resilience; this includes religious beliefs, social support, and spirituality for community mental health resilience. These three variables are positively correlated with elasticity. This study argues that resilience is one of the essential skills needed by society, especially during the Covid-19 pandemic. Syarifuddin & Ponseng, (2021), in their article entitled Mental Health Counseling in the Covid-19 Pandemic Period, emphasized that the counseling carried out could help maintain and even improve the community's mental health during the pandemic. The novelty of this study is to provide religious assistance to help encourage mental health and resilience improvements in church members who have lost their jobs during the COVID-19 pandemic. So this study aims to determine whether pastoral assistance programs affect the mental health of church members who lost their jobs in the past. The covid 19 pandemic and is there any pastoral assistance program that affects the resilience of church members who have lost their jobs during the covid 19 pandemic.

Method

This type of research is quantitative because it aims to determine the effectiveness of a particular treatment (Sudarmanto, et al., 2021). The type of research used is correlation research. Correlation research aims to see the relationship between one variable and another variable. The sample in this study was 50 people. The location of this research was at the Seventh-day Adventist Church of the Cililitan Congregation, Jakarta. Data sources are sources that can provide information about the data obtained. The data is divided into primary and secondary data based on the source (Sugiyono., 2017).

1. The data collected is then analyzed using Structural Equation Model (SEM) analysis with the help of intelligent PLS applications. The stages of data analysis in this study are:

a. Analysis of the outer model The analysis of the outer model is carried out to ensure that the measurement used is feasible to be used as a measurement (valid and reliable).23 In this analysis model specifies the relationship between latent variables and their indicators. Outer model analysis can be seen from several indicators:

b. Convergent Validity is an indicator assessed based on the correlation between the item score/component score with the construct score, which can be seen from the standardized loading factor, which describes the magnitude of the correlation between each measurement item (indicator) its construct. Individual reflexive measures are high if the correlation is > 0.7.

c. Discriminant Validity is a measurement model with reflexive indicators assessed based on cross-loading measurements with constructs. discriminant validity, which is to compare the value of the square root of average variance extracted (AVE)

d. Composite reliability is an indicator to measure a construct that can be seen in the view of latent variable coefficients. In this measurement, if the value achieved is > 0.70, what can say that the construct has high reliability.

e. Cronbach's Alpha is a reliability test carried out to strengthen the results of composite reliability. A variable can be declared reliable if it has Cronbach's alpha value > 0.7.

f. What can use changes in the value of the R-square to assess the effect of certain independent latent variables on the latent dependent variable and whether it has a substantive effect

2. Inner Model Analysis

Inner model analysis in PLS-SEM data analysis is used to test the hypothesis. Hypothesis testing can be seen from the value of t-statistics and probability values. To test the hypothesis using statistical values, for Alpha 5%, the t-statistic value used is 1.96. The hypothesis's criteria for acceptance/rejection are "Ha is accepted and H0 is rejected if the t-statistic > 1.96." To reject/accept the hypothesis using probability, Ha is accepted if the p-value <0.05. The data analysis method used is the T-test:

Hypothesis testing
Ho: 1 = 2
Ho: there is no relationship between 2 variables
Ha: 1 2
Ha: there is a relationship between 2 variables

The significance level used is 5%, and the researcher's decision to reject or support the null hypothesis means that the probability of being wrong is 5%. If the table is an at-count table (α/2), Ho is accepted if the table is (α/2), and Ho is free; that is, there is no influence between the variable and the dependent variable. Ho is rejected, t > table (α)/2) Ho is rejected; that is, there is an influence between the independent variable and the dependent variable (Rohayah & Arinda, 2017).

Results and Discussions

Table 1. Mental Health Validity Test Results

Variable	Dimension	r-count	r-table	Description
Feeling	Feeling Restless and often afraid	0.885	0.374	Valid
	Excessive anxiety	0.872	0.374	Valid
	Irritable	0.806	0.374	Valid

		r-count	r-table	Desc
	Moody	0.816	0.374	Valid
	Worry	0.703	0.374	Valid
	Always feel inadequate	0.868	0.374	Valid
Cognitive	Cognitive Low self-esteem	0.859	0.374	Valid
	Unstable emotions	0.865	0.374	Valid
	Unable to concentrate well	0.726	0.374	Valid
	It's easy to daydream excessively	0.907	0.374	Valid
Behavior	Crying for no apparent reason	0.789	0.374	Valid
	Easily surprised	0.726	0.374	Valid
	Shock or panic	0.784	0.374	Valid
	Difficulty speaking	0.827	0.374	Valid
	Unable to relax	0.755	0.374	Valid
	Easily offended	0.860	0.374	Valid
	Sad and also	0.887	0.374	Valid
	Depression	0.715	0.374	Valid
Physiology	Physiology Easily tired	0.764	0.374	Valid
	Shaking	0.739	0.374	Valid
	Having problems with sleeping	0.733	0.374	Valid
	Headache	0.775	0.374	Valid
	Having problems with heart rhythm	0.761	0.374	Valid

From the results of the instrument validity of each of the variables above, it can be seen that the questionnaire test of the feeling dimension indicator got results > 0.8; on the cognitive, behavioral, and physiological dimensions, it got results > 0.7. The value of each indicator of each variable > 0.374. Overall, it means that the instrument is valid. In addition to the validity test on the mental health variable, a validity test for the resilience variable was also carried out. The results are written in the table below:

Table 2. Resilience Validity Test Results

Aspects		r-count	r-table	Desc
	Emotional regulation	0.872	0.374	Valid
	Push control	0.806	0.374	Valid
	Causal analysis	0.816	0.374	Valid
	Self-efficacy	0.703	0.374	Valid
	Realistic and optimistic	0.868	0.374	Valid
	Empathy	0.859	0.374	Valid
	Affordability	0.865	0.374	Valid

The results of the resilience validity test table with indicators of emotion regulation, impulse control, causal analysis, self-efficacy, realism and optimism, empathy, and affordability get a value of > 0.7. r-count value > 0.374. The variable resilience instrument can be said to be valid. The results of the validity test for pastoral assistance are written in the following table:

Table 3. Results of Pastoral Assistance Validity Test

Aspects	r-count	r-table	Desc
Pastoral Assistance 1	0.825	0.374	Valid
Pastoral Assistance 2	0.804	0.374	Valid
Pastoral Assistance 3	0.885	0.374	Valid
Pastoral Assistance 4	0.726	0.374	Valid

Pastoral Assistance 5	0.961	0.374	Valid
Pastoral Assistance 6	0.876	0.374	Valid
Pastoral Assistance 7	0.710	0.374	Valid
Pastoral Assistance 8	0.722	0.374	Valid
Pastoral Assistance 9	0.814	0.374	Valid
Pastoral Assistance 10	0.783	0.374	Valid

Based on the results of the calculation of the instrument's validity, it is known that from mentoring 1 to 10, the results are > 0.7. All items have an r-count > 0.374, so it can be concluded that all instrument items are valid for pastoral assistance and are suitable for use.

a. Reliability Test

Reliability testing is a tool that measures the consistency of a query as a variable or structural parameter. Variables are said to be reliable or reliable if the answers to questions are always consistent.

Table 4. Reliability Test Results

Variable	Alpha Cronbach	Standard	Desc
Mental Health	.974	0.6	Reliable
Resilience	.922	0.6	Reliable
Pastoral Assistance	.942	0.6	Reliable

Based on the calculation of the instrument reliability test, it is known that each variable has a Cronbach alpha score of 0.974 on the mental health variable, 0.922 on the resilience variable, and 0.942 on the pastoral assistance variable. Each of these scores or values is known to be more than 0.6. So it can be concluded that all instruments have a decent level of reliability.

b. Classic assumption test

Classical hypothesis testing is a prerequisite for many regression analyzes and must be followed to ensure that it does not deviate from the estimated regression coefficients and parameters. This classical hypothesis test includes a normality test, multivariate test, autocorrelation test, and heterogeneity test of variance.

c. Normality test

This study examined the significance of the residues generated using the Kolmogorov-Smirnov test (Kolmogorov-Smirnov test). The results of the normalization test for balance data are as follows.

Table 5. Normality Test Results

One-Sample Kolmogorov-Smirnov Test			
		Kesehatan Mental	Resilience
N		50	50
Normal Parametersa	Mean	0E-7	0E-7
	Std. Deviation	8.56963947	2.25649637
Most Extreme Differences	Absolute	.080	.103
	Positive	.069	.103
	Negative	-.080	-.095
Kolmogorov-Smirnov Z		.566	.725

Asymp. Sig. (2-tailed)	.906	.669

Based on the table above, the significance values of mental health and resilience variables are 0.906 and 0.669, respectively. This shows that the significance value of the two variables is > 0.05, which indicates that the existing data is normally distributed.

d. Homogeneity Test

Table 6. Homogeneity Test Results

Test of Homogeneity od Variances				
	Levene Statistic	Df1	Df2	Sig.
Levene Statistics	13.476	1	98	.063
Resilience	10.713	1	98	.154

Probability comparison is used to make decisions about the data in this study. The homogeneity test table shows that the significance level of the mental health scale is 0.063 > 0.05; this means that the volatility of the data is uniform, and populations come from the exact differences. The significance level of flexibility is 0.154 > 0.05, but the data variability is uniform.

e. Independent Hypothesis Test T-Test

Furthermore, to find out the difference in the effect of the pastoral care program on mental health and resilience in the treatment group with no pastoral care program being given to the control group, a different effect test was carried out using the Independent Sample T-Test test.

Table 7. T-Test Results of Resilience Variables Before and After

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Resilience-Before	50	19.5200	12.446913	1.76340
Resilience-After	50	29.3200	17.39158	2.45954

One-Sample Statistics						
	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Resilience-Before	13.905	49	.000	19.5200	20.9763	28.0637
Resilience_-After	11.921	49	.000	29.3200	24.3774	34.2626

The analysis results using the Independent Sample T-Test above show that the average mental health after being given a pastoral assistance program is 98,2000. The average mental health before being given a pastoral assistance program is 65.0600. From this calculation, the pastoral assistance program gave an increase of 33.14. The resulting significance value (p-value) is 0.000. Because 0.000 <0.05 indicates a significant difference between before and after being given treatment on mental health variables.

Next, the average resilience after being given a pastoral assistance program is 29,32000, and the average resilience before being given a pastoral assistance program is 19,52000. From

this calculation, the pastoral assistance program provides an increase of 9.8. The resulting significance value (p-value) is 0.000. Because 0.000 <0.05 indicates a significant difference between before and after being given treatment on the resilience variable.

Effect of Pastoral Assistance Program on Mental Health

The results of the t-sample test, combined with the mental health tests before and after treatment, show that pastoral care programs affect the mental health of unemployed church members. The value of p = 0.000 means the value of p<. For 0.05, COVID 19 is taken into account. These results support the finding that pastoral care programs are one of the alternatives chosen to obtain support (Besterman-Dahan et al., 2012; Greenawalt et al., 2011). Hirono (2019) revealed that the pastoral assistance program is not only beneficial for improving mental health but can also even be used as an effort to prevent suicide. According to Engel (2020), mentoring performs many functions, including a leadership role designed to help those lost make confident decisions and decisions. The second function is to help (disturb) counselees who are sick or injured in dealing with and dealing with past events. The third role is healing, namely comprehensive pastoral care physically, mentally, and spiritually. The fourth function is to restore/repair (adjust) the relationship to help the client repair the damaged relationship between you and another person. The fifth function is to nurture or nurture to enable mentors to develop these God-given skills related to the mental health of people affected by COVID-19 who have lost their jobs. Collaboration between health care providers and the church can help improve health and optimize individual functioning (Singer, 2018).

Pastoral care is the work of all who respond to God's call. Pastoralism is not only the responsibility of pastors, priests, and monks, but all believers are called to the work of pastors. Pastoral activity is a beautiful foundation for those who love, care for and try to nurture their feelings; looking back at the example of God, we want the sick to understand what happened to them. Physically and mentally. Social and mental problems. Pastoralism relieves suffering and guides people into a relationship with God. God lifts and grows people in their spiritual lives to nurture, nurture, heal, grow, and restore their relationships with others.

The Effect of Pastoral Assistance Programs on Resilience

The test results combined with the prepare-and post-treatment resilience tests show that the distinctive program affects the resilience of unemployed church members during COVID. The breakout is essential because the p-value = 0.000, the p-value <0.05. Resilience is a person's ability to recover after trauma or adversity (Rutten et al., 2013). Religion is a variable that allows a person to face the difficulties and traumatic phenomena they experience. The results also show that religion is related to resilience (Mosqueiro et al., 2015), and religion is positively related to resilience (Fradelos et al., 2018). The results showed that the level of religiosity comes from the pastoral program and is related to the level of resilience possessed by individuals. Linstädter et al., (2016) Pastoral expressed the idea that this is an exceptional service for those in need. More specific topics here relate to adaptive behavior and the difficulties associated with unemployment-related adaptive behavior affected by COVID19. The study conducted by Tanamal (2021) concluded that religiosity and spirituality affect the level of resilience which is one of the benchmarks for people's mental health.

Kleinbeil understands pastoral care as church care and healing service for individuals and groups raised in social life (Engel, 2016). Pastoral care is given to church members experiencing difficulties in their lives. From this perspective, pastoral work can be seen as a form of pastoral care, hoping that those in need can improve their lives and relationships with God and others. Moreover, they can adapt to reorganize their everyday lives. Pastoral programs are one of the community approaches that can be used to increase individual resilience during a pandemic (Nasution, 2021). Know yourself wholly and entirely. Counseling support helps

counselors understand themselves as a whole. In other words, counselors can understand the strengths and weaknesses of the epidemic, including the situation. In addition, advisors can understand each other, identify every opportunity and challenge, and confidently deal with difficult situations such as layoffs due to COVID.

Conclusions and Suggestions

From the research results above, it can be concluded that there is a significant effect of the pastoral care program on the mental health and resilience of the congregation who lost their jobs during the COVID-19 pandemic. Thus, it can be concluded that pastoral assistance programs are essential to provide, considering their various functions that can impact. On mental health and provide a complete self-understanding for the congregation to have resilience behavior. We need to adapt and live a normal lifestyle despite losing our jobs during the COVID-19 pandemic.

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