

Spiritual Well-Being, Depression, Anxiety, and Stress in Indonesian Muslim Communities During COVID-19

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Purpose: This study investigated how spirituality as a defensive factor of psychological well-being reduces anxiety among Indonesian Muslims during the pandemic COVID-19.

Patients and Methods: Data were collected from 538 Indonesian Muslims through a survey using the spiritual well-being and depression, anxiety and stress (DAS-21) and examined using structural equation model (SEM) analysis.

Results: The empirical results indicate that spirituality is a factor that increases happiness, psychological well-being and mental health among Indonesian Muslims.

Conclusion: The study also concluded that spirituality positively and significantly reduces anxiety, depression, and stress. This finding confirms that the spiritual beliefs of Indonesian Muslims can play a significant role in improving mental health during pandemic. This study can control mental illness based on spirituality theory and practice.

Keywords: anxiety, depression, COVID-19 pandemic, spiritual well-being, stress, structural equation model, SEM

Introduction

Currently, various countries face an outbreak of the COVID-19 pandemic, which first appeared at the end of December 2019 in Wuhan, China. According to a World Health Organization (WHO) (2020) report that, the total number of COVID-19-related deaths from various countries has now exceeded 3.3 million.¹ Despite these consequences, preliminary evidence suggests that death-related anxiety can cause severe psychological distress.² When anxiety levels increase, people's reactions to the COVID-19 outbreak may become hazy and illogical.³ In some countries (Lebanon, Malaysia, Turkey, Saudi Arabia, Italia, Czech and Pakistan), This pandemic anxiety caused by declining incomes, due to the a large number of children, and worries around family members suffering from chronic illnesses.⁴⁻⁹ In Indonesia, this phenomenon has also affected 40% of the population in negative mentalities, such as depression, anxiety, stress, due to the loss of work, family, and property.^{3,10}

As an initial response to this epidemic's severe spread and death, anxiety has negative psychological effects, leading to depression and stress.³⁻⁵ During the pandemic, it was reported that high anxiety was associated with stress, such as restlessness, insomnia, anxious thoughts, headaches, decreased appetite, and led to suicide.^{1,11,12} Factors that increase anxiety during a pandemic include fear of transmission, intimidation of individuals who are infected with COVID-19, and social distancing of relatives and friends.¹¹

Furthermore, if anxiety is not handled correctly, it causes difficulty concentrating, gets angry quickly, feel hopeless, and is not interested in activities.³ Therefore, to prevent the occurrence of anxiety and mental health disorders during the pandemic needs for public counselling to enhance overall psychological health, including reducing high-stress levels, anxiety, depression, and other psychological illnesses.¹³ The people also need High social support to prevent trauma, and stress and reduce death rates.¹ However, the intervention results were unsatisfactory because the intervention was conducted online between the patient and the therapist.¹³

While most specialists worldwide are trying to stop the spread of COVID –19 in various ways, spirituality and prayer have received little attention, even though spirituality can help people calm down.^{7,8,14} In some developing countries, spirituality support during the pandemic can be the of encountering difficulties, decrease of behavioral disorders, mental problems, and pro-social behavior problems.^{7,11} Spirituality is one of the most important elements of the human personality, although it is rarely treated in clinics but is believed to play a role during pandemic.^{9,15,16} However, Indonesian Muslims have taken essential precautions to contain the spread of the disease, such as suspending Friday prayers and communal prayers.^{17,18} In contrast, when the COVID –19 first appeared in Nigeria, federal authorities urged Muslims to follow the advice of the Prophet Muhammad (prophet of Muslims) and wash their hands daily before prayer.^{17,19}

Hence, as a Muslim-majority and multicultural country, Indonesian Muslims need effective and efficient long-term steps that can be carried out independently, consistently and have long-term impacts on reducing anxiety during the pandemic. This study emphasizes spirituality as a daily religious activity and can be done independently in house to reduce anxiety, depression, and stress.^{3,18,20} The concept of spiritual well-being involves both psycho-social and religious facets, integrating physical, emotional, and social dimensions.⁷ Therefore, this research is feasible as it focuses simultaneously on spiritual well-being, anxiety, stress, and depression in Indonesia. This study will investigate the effects of spiritual well-being, such as religious and extension well-being, on anxiety and how to prevent stress and depression (ie, fear, worry, and sadness) in Indonesian Muslims.

Ellison²¹ describes spiritual well-being as consisting of two aspects which are one unit, namely religious well-being (to God) and extension well-being (to humans). Spiritual well-being is how people believe that there is an Almighty god other than his creatures on earth.^{18,22} The higher the belief in God, the calmer his life will be, so it is not easy to experience psychological disorders.^{7,8} Muslim people will do what has to be done, why it is done, to whom, and where to do it based on the rules imposed by their God.²³ This activity is to achieve life goals to avoid mental disorders.²⁴ On the other, the degree to which people live in harmony with themselves, others, nature, and the sublime is reflected in existential well-being.^{3,25} This concept can be expressed in life of meaning, psychological well-being, purpose, value, and life satisfaction.^{24,26}

Many researcher have positive attitudes toward spirituality and mental health, although public health experts have long sought to determine how spirituality affects happiness and well-being.²⁷ This shows that developing a mental health-based spiritual theory in combating the pandemic is very important.^{24,25} This study provides a comprehensive understanding of the relationship between variables and presents solutions for society in dealing with the pandemic. This study aims to answer the following questions:

RQ1. What is the correlation between spiritual well-being and depression, anxiety, and stress in Indonesian Muslim people during the pandemic?

RQ2. Can spirituality well-being reduce depression, anxiety, and stress?

Conceptual Framework

The Mediating Role of Spiritual Well-Being

Anxiety is a psychosocial problem faced by many people and is considered a significant effect of depression and stress.¹⁰ The more a person experiences anxiety, the greater the depression.¹² Anxiety is usually due to the loss of a meaningful life^{24–26} and does not protect the person from physical and mental illness.¹⁰ This symptom is a complex response pattern characterized by feelings of palpitations, chest tightness, trembling, and fainting.^{6,28,29}

Spiritual well-being is the affirmation or maintenance of interpersonal relationships with God (religious well-being) and with oneself, society and the environment (extension well-being) to create happiness and life satisfaction.^{21,30} Several studies have found a significant positive relationship between spiritual well-being and anxiety levels in mental illnesses,^{16,31} is a crucial key that influences a psychological and mental health.^{3,32} Puchalska-Wasyl, Zarzycka³¹ found

that spiritual well-being in the form of positive and realistic thinking helps to make the best of the worst situation. It helps improve mental health, good feelings, and logical problem solving and boosts body immunity.^{7-9,25,33} This theory is consistent with research by Pomerleau, Pargament, Krause, Ironson, Hill,³² that external well-being improves the adaptive function of healthy behaviours. In light of these considerations, the following hypotheses were formulated.

H1a. Extension well-being has a positive and significant effect on anxiety.

H1b Anxiety has a positive effect on mediates the relationship between extension well-being and depression.

H2a. Religious well-being has a positive and significant effect on anxiety.

H2b. Anxiety has a positive effect to mediates the relationship between religious well-being and depression.

The Direct Effect Role of Stress and Depression

Depression is a psychological response to experiencing stressors that reduce productivity and negatively affect oneself, society, and the environment.^{5,27} The effects of depression on a mental disorder with emotional changes (affective or mood disorders) characterized by moodiness, lethargy, dispassion, hopelessness, and sadness.^{10,32} It affects a person's physical, social, and psychological aspects, which impact one's standard of living because feelings of sadness and anxiety characterize a severe mental disorder.^{34,35} This disorder usually resolves within a few days; however, it tends to recur because of increased daily activities due to anxiety.^{5,12,36} Severe anxiety depletes energy and progresses to depression.¹² In addition, the onset of anxiety and depression causes worse problems because of the accompanying physiological responses.³⁷ Spirituality can potentially reduce depression and anxiety by promoting cognition, behavior, and social interaction, which have been shown to protect and prevent depression.^{1,26}

Stress is a complex and multifaceted phenomenon that results from physiological, cognitive, and social expressions.^{24,32} Psychosocial stressors include separation from parents and friends, relocation, environment change, pandemics and outbreaks.¹¹ Stress arises in the social environment from anxiety, worry, fear, regret, hopelessness, loss of interest, and low self-esteem.^{1,25} An environment with a high stressor continuously harms the psychological and physiological aspects.³² Therefore, during the pandemic, Indonesian Muslims must focus on improving themselves spiritually by praying five times a day to avoid long-term mental illnesses such as depression and stress.^{3,18}

Anxiety is a typical reaction to stress and an unpleasant emotional response because of its threats or dangers.² It occurs due to several factors, such as fear of the unknown, panic, and distress.^{4,38} This consistent by research that shown that excessive stress leads to low self-esteem, sleep disturbance, difficulty in solving problems, increased craving for alcohol and drug use, decreased concern for the environment, decreased concentration, decreased eagerness to learn, increased anxiety, and depression.^{1,10} By the force of religion, spirituality could help relieve worry and fear, which has an impact on decreasing psychological disorders.^{24,25} Therefore, Indonesia is Muslim majority of its people have a greater level of positive spirituality toward their health.^{3,39,40}

Anxiety, stress, and depression are interrelated types of psychiatric disorders. A person suffering from depression is triggered by stress, and often there is an anxiety component and vice versa.^{10,32} Depression does not always manifest as psychological complaints but can also take the form of physical complaints, often referred to as masked depression, ie, physical complaints hiding depression.^{5,37} Therefore, therapists must assume that depression or anxiety can regularly cause clinically significant problems in the lives of clients.^{10,25} Spirituality are practically linked to life purpose, and optimism leads to reduced anxiety, depression, and stress.^{24,31} However, spiritual intervention on client suffering from depression, stress, and anxiety requires a high level of spiritual literacy, not only in the core ideas and experiences of various religious traditions but also in understanding how to easily access spiritual resources and spiritually manage problems.^{16,25} In this study, it can be seen that the first reaction of Indonesians in dealing with the pandemic is anxiety, which can cause stress and depression. The previously mentioned studies led to the creation of the following hypotheses.

H3a. Anxiety has a positive and significant effect on depression.

H3b. Anxiety has a positive effect to mediates the relationship between extension well-being and stress.

H4a. Anxiety has a positive and significant effect on stress.

H4b. Anxiety has a positive effect to mediates the relationship between religious well-being and stress

H5. Extensive well-being has a positive and significant effect on depression.

H6. Extensive well-being has a positive and significant effect on stress.

H.7 Religion has a positive and significant effect on depression.

H8. Religious well-being has a positive and significant effect on stress.

Materials and Methods

Methodology

Questionnaire Design, Pre-Test, and Pilot Study

This study uses a quantitative method with a structural equation model (SEM) approach. In data collection, this study used a survey that adopted the spiritual well-being scale²¹ and the highly reliable and valid DASS-21 designed.⁴¹ All of the constructs in the proposed framework are measured using a multi-item scale. A pre-test and pilot test were carried out to validate the measurement items' wordings of the constructs. This find has used to see if the participants understood each issue and to change the content to avoid bias.⁴² This questionnaire measurement scale has been changed to meet the research field.

Furthermore, this scale is double-checked by a professional English-Indonesian Muslim people translator. In addition, 12 independent rounds (3 respondents for each round) were carried out to revise the wording based on comments from the pre-test. Subsequently, a pilot test was executed on the measurement item. This measurement ensures that the final wordings of the 120 trial samples collected were tested for reliability, convergence, and discriminant validity following the criteria suggested before the formal survey. Hancock, Mueller, Stapleton⁴³ stated that the pilot test was utilized to discover different replies, implications, challenges, attention, and participants concerning the pre-test items. For each construct, a minimum of 20 participants was recommended to boost the instruments' quality and avoid

Table I Participants Demographics

Demographic Items	Frequency	(%)
Gender		
Male	213	39.59
Female	325	60.41
Age		
Under 26 years old	217	40.33
26~40 years old	267	49.63
41~55 years old	54	10.04
Area		
East Kalimantan	169	31.41
East Java	158	29.37
West Kalimantan	211	39.22
Religion		
Moslem	538	100
Occupation		
Students	164	30.48
Employees	143	26.58
Farmer	107	19.89
Laborer	66	12.27
Entrepreneur	58	10.78

ambiguity and wording errors in their responses. Subsequently, a formal test was carried out on 539 samples, considered adequate for statistical analyses. [Table 1](#) shows the participants' demographics.

Ethical Issues

In conducting this research, there were no violations of the 1964 Declaration of Helsinki and its subsequent revisions or comparable ethical standards. The department of psychology, Universitas Muhammadiyah Kalimantan Timur, Indonesia, reviewed and approved the proposals for this study's ethical criteria before it began. Before participating in the study, all participants were thoroughly informed about the procedures to provide informed consent. Finally, all participant data will be kept strictly confidential and anonymous.

Measures

The scale used to measure each construct was the DASS-21 scale developed.³⁶ The scale is a brief version of the original DASS-42 that detects the condition of SAD by measuring all psychometric features.⁴⁴ The stress subscale is concerned with continuous arousal and tension. The items for anxiety examine fearful reaction and psychological arousal. The Indonesian Muslim people's version of depression, anxiety, and stress scale 21 (DASS-21) were measured using the pilot test ($\alpha = 0.88$ for depression, $=0.82$ for anxiety, $=0.90$ for stress, and $=0.93$ for the full scale). The participants responded using a four-point Likert scale (0 = does not apply to an individual at all) to 3 = applied to the individual very much or most of the time). The higher the score, the more severe the emotional distress.

Hamka, Ni'matuzahroh, Suen⁴⁵ designed the spiritual well-being scale in Indonesia with Cronbach Alpha = 0.90. It was also developed as a general indicator of subjective well-being and perceived living standards by Ellison (2006). Moreover, spiritual well-being (SWB) has a 20-item Likert scale that is divided into two parts: religious well-being (RWB) and existential well-being (EWB). Every item has a scale of 1 (strongly disagree) to 6 (strongly agree), so the scores range from 20 to 120. The score's higher ratings indicate that religious or existential well-being is better than lower scores. The Cronbach pilot score realized was alpha SWB = 0.89 in below is an [Appendix](#) spiritual well-being scale and DAS-21.

Sample and Data Collection

An online survey was carried out, and the participants were asked to complete google form from May to August 31, 2020. In contrast, various control and filter questions were anonymous, and randomized construction was carried out to avoid bias and ensure the survey was valid. The filter questions aim to ensure that the respondents met the basic requirements, namely the minimum age of 18 years. Samples were collected from randomized convenience sampling involving 590 participants. However, the sample size of 538 is valid, showing that the completion rate of filling out the questionnaire is 91.19%.

Data Analysis

Furthermore, the data obtained were analysed using two statistical programs (eg, SPSS 22 and AMOS 22). Besides, hypothesis testing was carried out by applying structural equation modelling (SEM). SEM is a multivariate statistical analysis tool that combines factor and path analyses and is appropriate for testing the complex relationships between variables.⁴⁶ The main advantage of using SEM is that it facilitates factor and regression analyses to test the model. Besides, it is used to estimate all path coefficients simultaneously. Martynova, West, Liu,⁴⁴ SEM offers fundamental procedural aspects. First, it is used to determine the causality of the observed variables. Additionally, the structural relationship between the variables clearly describes the proposed theory. Hypothetical models are widely used to verify all variables to determine consistency.

Second, the frequency distribution is used to generate descriptive statistics. The Pearson correlation coefficient is also used to determine the relationship between predictor variables (spiritual well-being, depression, anxiety, and stress). Third, the standard method variance (CMV) was a preventive and post-mortem detection technique. Finally, mediation procedures were applied in this research. Baron & Kenny (1986) designed another method besides statistical testing, which focuses on determining the mediation effect. Therefore, the Hayes⁴⁷ method investigated the indirect influence of

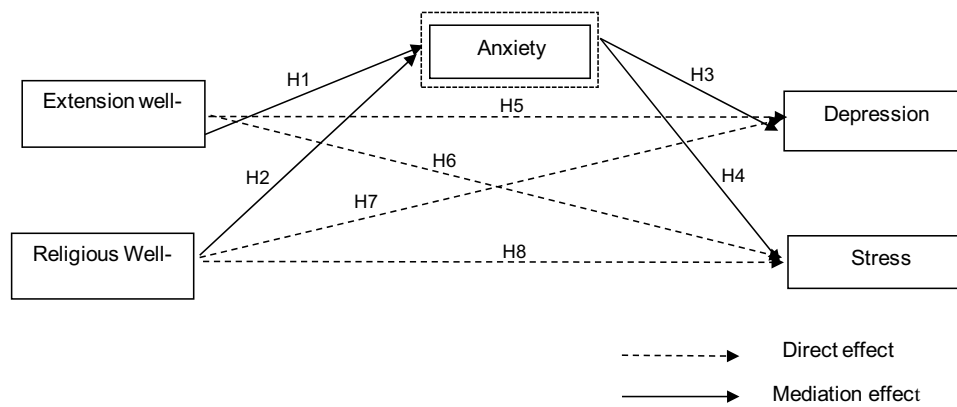


Figure 1 Proposed research model by authors how spirituality can reduce the anxiety that leads to stress and depression in Muslim communities during the COVID-19 pandemic. People suffering from high anxiety cannot control their emotions, which leads to high stress and depression.³⁶ Therefore, spirituality is a self-approach to God, the environment, and society that can control anxiety so that it does not lead to stress and highs.^{3,48} The current study found that the results of the intervention conducted at that time were not effective in reducing anxiety because it was conducted online between the patient and the therapist.¹³ During the pandemic in Indonesia, we examined the relationship between mental disorders and spirituality in coping with the pandemic through anxiety. The higher the spirituality, the lower the anxiety (fear, worry, and panic).

spirituality as a mediator on the anxiety that led to stress and depression in the Indonesian Muslim people's society during the pandemic. Figure 1 describes the framework concept of this study.

Results

Common Method Variance (CMV)

The prevention and post-detection procedures were adopted to reduce the issue of standard method variance (CMV). Based on the prevention procedures, the respondents were asked to fill out the survey anonymously, randomize the order of measurement items, and obscure the constructs' labels to reduce the participants' concerns.⁴⁴ Harman's single-factor test proposed by Kock⁴² and the common latent factor (CLF) was applied following the post-detection procedure. The rationale for adopting the CLF is to carry out post-detection procedures, which is the inherent weakness of Harman's single-factor test to detect CMV.⁴⁸ The explained variance of the first factor was 42.50%, less than 50.00%. Besides, the factor loading of CLF was 0.48, which indicated a 35.67% variance of CMV. The result showed that CMV was insignificant.

Measurement Model

The measurement model was used using the AMOS software with maximum likelihood estimation. Table 2, showed that the CFA model reproduces the covariance matrix of the observed variables with an adequate fit,^{43,44} $\chi^2/df = 2.412$, goodness-of-fit index (GFI) = 0.888, non-normed fit index (NFI) = 0.922, comparative fit index (CFI) = 0.953, incremental fit index (IFI) = 0.953 and root mean square error of approximation (RMSEA) = 0.051, composite reliabilities (CR) and the average variance extracted (AVE) for each construct was greater than 0.800 and 0.500 respectively. Besides, each item's factor loading and multiple square correlations were greater than 0.800 and 0.25, respectively. The Cronbach's α for all constructs was greater than 0.850, indicating good reliability for all measurement items (Table 2), constructs, and convergent validity.⁴³ Furthermore, Table 3 describes the correlation matrix for measurement scales.

Structural Model

The model fit data was adequate $\chi^2 = 1283.58$, $df = 492$, $\chi^2/df = 2.543$, GFI = 0.883, NFI = 0.917, CFI = 0.948, IFI = 0.948, and RMSEA = 0.054. The results support all research hypotheses, as shown in Table 4. This study empirically validates that extrinsic and intrinsic religiosity has a 1% significant and positive effect on depression, anxiety, and stress. Consequently, Figure 2 shows the structural model. Religiosity well-being has a crucial effect on existential well-being ($\gamma_{11} = 0.134$, $p = 0.005$). This result states that if religiosity well-being is high, existential well-being will also be high, resulting in lower anxiety, stress, and depression. Furthermore, religiosity positively reduces anxiety ($\gamma_{12} = 0.123$, $p =$

Table 2 Measurement Results

Constructs	MLE Estimates		Squared Multiple Correlations (SMC)	Composite Reliability (CR)	Average of Variance Extracted (AVE)	Cronbach's α
	Factor Loading/ Measurement Error					
Extension well-being				0.870	0.528	0.869
EWB1	0.722	0.479	0.521			
EWB2	0.710	0.496	0.504			
EWB3	0.768	0.410	0.590			
EWB4	0.699	0.511	0.489			
EWB5	0.736	0.458	0.542			
EWB6	0.723	0.477	0.523			
Religious Well-being				0.915	0.914	0.902
RWB1	0.837	0.299	0.701			
RWB2	0.761	0.421	0.579			
RWB3	0.779	0.393	0.607			
RWB4	0.847	0.283	0.717			
RWB5	0.726	0.473	0.527			
RWB6	0.852	0.274	0.726			
Anxiety				0.965	0.799	0.965
ANX1	0.877	0.231	0.769			
ANX2	0.886	0.215	0.785			
ANX3	0.877	0.231	0.769			
ANX4	0.906	0.179	0.821			
ANX5	0.919	0.155	0.845			
ANX6	0.912	0.168	0.832			
ANX7	0.877	0.231	0.769			
Depression				0.954	0.746	0.953
DPR1	0.909	0.174	0.826			
DPR2	0.890	0.208	0.792			
DPR3	0.904	0.183	0.817			
DPR4	0.862	0.257	0.743			
DPR5	0.819	0.329	0.671			
DPR6	0.858	0.264	0.736			
DPR7	0.799	0.362	0.638			
Stress				0.914	0.605	0.913
STR1	0.656	0.570	0.430			
STR2	0.833	0.306	0.694			
STR3	0.783	0.387	0.613			
STR4	0.780	0.392	0.608			
STR5	0.769	0.409	0.591			
STR6	0.843	0.289	0.711			
STR7	0.766	0.413	0.587			

Notes: Fit statistics (N = 538). Goodness-of-Fit Index (GFI) = 0.888, No normed fit index (NFI) = 0.922, Comparative Fit Index (CFI) = 0.953, Incremental fit index (IFI) = 0.953, and Root Mean Square Error of Approximation (RMSEA) = 0.051.

0.01), supporting H1 and H2. If the religiosity well-being is high, anxiety will also be below, resulting in lower stress and depression. This result is indicated by the correlation between depression and anxiety ($\beta_{21}=0.374$, $p = 0.001$). In addition, anxiety was correlated with stress ($\beta_{31}=0.370$, $p = 0.001$). Supporting H3 and H4.

Table 3 Correlation Matrix for Measurement Scales

Constructs	Mean	SD	EWB	RWB	ANX	DPR	STR
EWB	2.56	0.93	0.727				
RWB	2.25	1.02	0.608	0.801			
ANX	1.84	1.10	0.253	0.271	0.893		
DPR	1.73	0.90	0.235	0.271	0.235	0.863	
STR	1.66	0.68	0.195	0.194	0.195	0.358	0.778

Notes: Diagonal elements are the square roots of the AVE for each construct. Pearson correlations are shown below the diagonal.
Abbreviations: STR, stress; DPR, depression; ANX, anxiety; EWB, extension well-being; RWB, religious well-being; SD, standard deviation.

Table 4 Proposed Model Results

	Regression Path			Path Coefficients	Hypotheses	Test Results
γ_{11}	Extension Well-Being	→	Anxiety	0.134	H1	Supported
γ_{21}	Religious Well-being	→	Anxiety	0.123	H2	Supported
β_{21}	Anxiety	→	Depression	0.374	H3	Supported
β_{31}	Anxiety	→	Stress	0.370	H4	Supported

Mediation Effect

The mediator effects of anxiety between spirituality (extension and religious well-being), depression, and stress, were tested using the bootstrapping method’s confidence intervals with 5000 simulations. Bootstrapping is a nonparametric statistical procedure in which the dataset is repeatedly sampled.⁴⁷ Table 5 shows that all percentile confidence intervals and bias-corrected methods do not include zero, indicating that all mediation effects are significant. The regression results

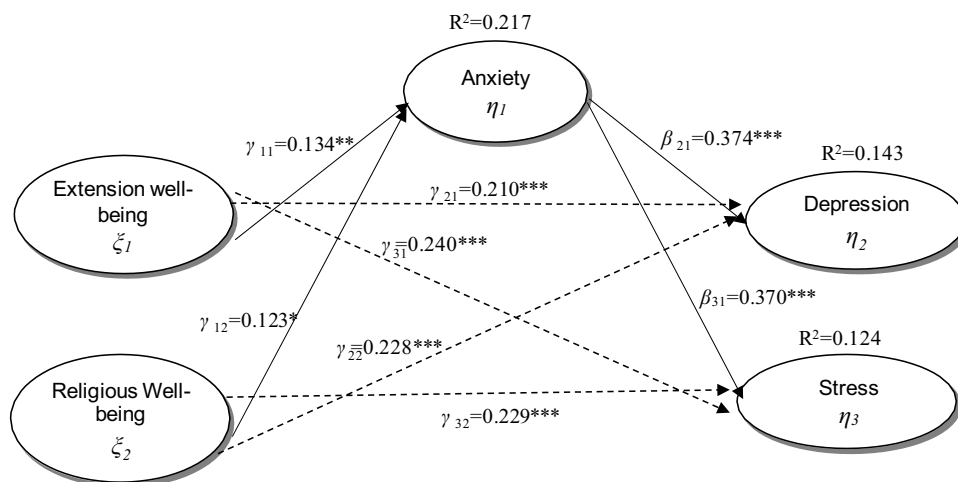


Figure 2 Structure result model, predictor variables of spiritual well-being (religious and external well being) have indirect and direct effect on people's depression and stress through anxiety. the score indirect effect of extension well-being and religious well-being on anxiety as a moderator are $\gamma_{11} = 0.134$, $\gamma_{12} = 0.123$; $p < 0.01$; $p < 0.05$. This value indicates a significant effect of extension and religious well-being on anxiety. in addition, the anxiety as a mediator has significant effect on depression and stress with values $\beta_{21} = 0.347$ and $\beta_{31} = 0.370$; $p < 0.01$. It is indicating that low anxiety can reduce depression and stress. On the other hand, the direct effect of extended well-being on depression and stress is $\gamma_{21} = 0.210^{***}$ and $\gamma_{31} = 0.240^{***}$ with $p < 0.001$, indicating that the extent of well-being positively affects depression and stress. In addition, the direct effect of religious well-being on depression and stress had a positive effect on depression and stress with a value of $\gamma_{22} = 0.228^{***}$ and $\gamma_{32} = 0.229^{***}$; $p < 0.001$. This study found R square anxiety ($R^2 = 0.217$), depression ($R^2 = 0.143$), and stress ($R^2 = 0.124$). Therefore, this study states that spiritual well-being can control and reduce anxiety to prevent depression and stress.

Table 5 Mediation Effects

IV	M	DV	IV->DV (c)	IV->M (a)	IV+M->DV		Bootstrapping 95% CI	
					IV (c')	M(b)	Percentile Method	Bias-Corrected
X1	MI	Y1	0.229	0.231	0.267	0.167	[0.315, 0.148]	[0.317, 0.172]
Standard Error (SE)			0.040	0.050	0.033	0.039		
X1	MI	Y2	0.228	0.231	0.182	0.189	[0.022, 0.009]	[0.030, 0.015]
Standard Error (SE)			0.030	0.050	0.024	0.029		
X2	MI	Y1	0.240	0.210	0.261	0.185	[0.012, 0.120]	[0.014, 0.124]
Standard Error (SE)			0.037	0.046	0.033	0.036		
X2	MI	Y2	0.200	0.210	0.183	0.161	[0.027, 0.122]	[0.028, 0.125]
Standard Error (SE)			0.027	0.046	0.024	0.027		

show that they are all partial mediators. It means that extension and religious well-being, directly and indirectly, reduce people's depression and stress during the pandemic with and without anxiety as a mediator variable with a significant level of 99%.

Discussion

This study confirmed that spiritual well-being has a crucial role in reducing anxiety leads to stress and depression. Indonesian Muslims believe that with increase spirituality as a belief in God can reduce anxiety in dealing with the pandemic. Therefore, to reduce anxiety in Indonesian Muslims, they support each other and help others taught in the religion they believe.³ In particular, Indonesian Muslims believed this was the destiny Lord had ordained. Hence, spiritual healing can be used to overcome anxiety disorders.^{3,31}

This study shows a positive and significant relationship between spirituality well-being (religion well-being and extended well-being) in stress and depression. Levels of worry and anxiety in the Indonesian population increased during the COVID-19 epidemic.³⁷ However, high spiritual well-being (religious and extended well-being) and public support for reducing anxiety, stress, and depression encourage people in Indonesia to take protective measures to minimize mental disorders.^{3,7,9} This study proves that A strong relationship with Almighty God helps reduce stress, anxiety, and depression.

Indonesian Muslims are improving their worship activities and asking for help to stay physically and spiritually healthy during the pandemic. However, this is not just about God; some efforts must also be made to comply with government regulations in dealing with the spread of COVID-19.^{11,13} Firm belief in God is applied daily and related to God and fellow human beings, leading to spiritual well-being.^{16,33} This study consistently shows spirituality has been shown to correlate positively with reduced anxiety and lead to increased psychological indicators of meaning, such as life satisfaction, happiness, and positive affect.^{24,25,32}

Spirituality facilitates coping with mental health issues such as anxiety, sadness and loneliness symptoms such as feelings of meaninglessness in life.^{7,9,14,16,24} Historically, many societies by cultural differences have found that the experience of spirituality reduces anxiety.^{14,27} In this study, extensional and religious well-being can reduce anxiety and support health, which is prevented by the strength of faith.³⁶ Religious and extension well-being helped us consider life quality, health, and well-being during COVID-19. During pandemics, spiritual care became essential to holistic health management.³²

Spirituality can be beneficial for people facing life's challenges because positive psychological beliefs such as the concept of values and principles, the meaning of life, the goal of life, and faith are related to physical and mental health.^{10,21} Faith in Almighty God can help people overcome adversity, improve physical and mental health, prevent physical and mental disorders, and promote life hope for the future.^{3,31} Therefore, improving mental health can lead to feeling inner peace and happiness because of a strong and direct relationship between spiritual attitude, life satisfaction,

and mental health indicators.^{24,49} Spirituality results from mental health, belief, and one's relationship with the supreme power of Allah (the God of Muslims)^{3,32} because the Qur'an (the holy book of Muslims) sees individuals with health and worship indexes as optimistic people in life.^{19,37}

Based on the hypothesis that the higher the spirituality levels, the lower the anxiety level, reducing depression and stress in the community during the pandemic. This finding is consistent with the study of Zhang, Hook, Van Tongeren, Davis, Aten, McElroy-Heltzel, Davis, Shannonhouse, Hodge, Captari²⁵ which found that a person with higher spirituality tends to have lower levels of depression and stress. Indonesian Muslims, as a religious society, direct all their questions to God to reduce anxiety problems. This study is supported by Salari, Hosseinian-Far, Jalali, Vaisi-Raygani, Rasoulpoor, Mohammadi, Rasoulpoor, Khaledi-Paveh¹⁰ that worrying about the health of relatives (especially the elderly and people suffering from physical diseases) and uncertainty about the situation current led to increase stress and depression. However, persistent anxiety aggravates mental health status and leads to serious ailments such as depression, social disorder, behavior disorders.³⁹ Therefore, Highly spiritual people have low levels of depression and good physical and mental health, including psychosocial aspects.^{5,11}

Conclusion

Based on the results obtained from this study, it was discovered that a significant relationship exists between a high level of spiritual well-being and a low level of anxiety in the face of the pandemic. Subsequently, increasing spirituality reduces anxiety, significantly impacting the fight against depression and stress. The public tends to be calm in the face of the recent pandemic. These factors contribute to the development and maintenance of mental health through conventional and spiritual means based on spirituality, which subsequently influences people's beliefs and perceptions. In the Muslim context, social motivation is perceived as a predictor of religiosity, an essential factor that affects' psychology. The results indicate that the primary factor is the psychological well-being of those in this context, specifically of socially triggered religious individuals. Consequently, this behaviour paves the way for individuals and communities' ultimate success in maintaining their mental health.

Theoretical Implications

This study contributes to theories of spirituality and anxiety. First, the framework allows for a better understanding of spirituality in reducing anxiety, which is thought to cause depression and stress. Few previous studies have developed models that simultaneously explain the impact of religiosity during the pandemic. This study showed that spirituality significantly influenced Indonesian Muslims' emotions during the pandemic, which in turn affected their behavior. This process demonstrates the relationship between spirituality, psychological disorders (depression, anxiety, stress), and behavior as a theoretical basis for future research.

Second, the strength of this study lies in the role of mediation in causing mental health disorders that affect social life. All social behaviors require fundamental changes from the spiritual world to reduce mental health disorders (depression, anxiety, and stress). Religious leaders gain the consequence of spiritual activities, knowledge, and experience during socialization with others through religious activities. Finally, this study strengthens the spirituality theory of anxiety, which is proposed as a cause of stress and depression affecting the behavior and activities of society during the pandemic.

Practical Implications

The results showed spirituality can reduce anxiety that led to depression and stress. Spirituality is carried out every day as a religious activity to change the behavior of Indonesian Muslims during the pandemic. The findings imply that Indonesian Muslims must actively engage in religious activities to improve spirituality and lead better lives. In addition, people need to be aware of the problems face during the pandemic and control and reduce these problems with spirituality.

Moreover, most importantly, people need to get support opportunities to improve spirituality. In this case, the government must implement policies to provide the right solution. This study creates awareness for the government and religious experts about the community's spirituality during the pandemic which helps to find the best solution to ensure that the community becomes calmer. It convinces the public that religion is the best solution face the pandemic. On the contrary, this study expands

psychological treatment and explains that spirituality positively affects depression, anxiety, and stress. Spirituality also improves the quality of life and standard of living and reduces the negative emotions experienced by Indonesian Muslims.

Limitations

This study has several limitations. First, it is limited to Muslim people in Indonesia. Therefore, future studies must be conducted in communities with different faiths (Protestants, Catholics, Hindus, and Buddhists). This study helps practitioners, regulators, and several studies observe the spiritual impact on mental health disorders (depression, anxiety, and stress) and compare the various religions. Second, the adopted convenience sampling technique increases the likelihood that the sample is not representative of the population. Future studies need to use various sampling methods that effectively reflect the constituents of the population, and gender, mental health, education, research, administrators, services. Finally, this study only analyzes the relationship between spirituality and anxiety, which causes depression, and stress generally does not compare spiritual well-being between occupations. Future research also needs to study people from different regions and compare the effectiveness of each religion and profession in reducing mental health problems such as depression, anxiety, and stress by using online photovoice (OPV) method to research the same topics specialty biopsychosocial, spiritual, economic and contextual aspects of individuals' lives holistically from their unique perspectives.^{49,50}

Disclosure

The authors report no conflicts of interest in this work.

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