SPOUSAL SUPPORT AND RESILIENCE DURING THE COVID-19 PANDEMIC: FROM THE PERSPECTIVES OF CLEANING STAFFS WORKING ON HOSPITALS

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Abstract

Health practitioners received great attention during the COVID-19 pandemic due to their pivotal role in treating the affected individuals. However, lack of attention was given to supporting workers in the hospital such as cleaning staffs. The study aims to investigate whether spousal support was associated with resilience on cleaning staffs working in hospitals during the COVID-19 pandemic. The study participants comprised 103 cleaning staffs who work in several hospitals in the Central Java province. In order to collect the data, we used the Spousal Support Scale, the Resilience Scale, and socio demographic questionnaire that were delivered using an online platform. Then we analyzed data using SPPS 25.0. This research used the Pearson correlation test and revealed a moderate positive correlation between spousal support and resilience ($r = .411$, $p < .001$). In addition, spousal support explains 16.9% of resilience. The majority of study participants received great support from their spouses and reported moderate resilience. Family support, particularly from the partner, play important role in supporting participants work during the pandemic. Future studies may investigate other factors associated with resilience on cleaning staffs or other supporting healthcare workers who work in the hospital during the COVID-19 pandemic.

Keywords: resilience; spousal support; cleaning staff; COVID-19 pandemic

INTRODUCTION

The COVID-19 pandemic that has occurred since the beginning of 2020 has an effect on all sides of human life, both formal and informal (Nikmah et al., 2020), including in Indonesia. Not only physically impacting, but the pandemic also has serious effects on mental health (Huang & Zhao, 2020; Salari et al., 2020). The pandemic even causes a psychological crisis (Xiang et al., 2020). Various policies have been set by the government to prevent the transmission of the COVID-19 virus, which is PSBB (large-scale social restrictions) and the work from home policy who set by the Indonesian government. Large-scale social restriction policies resulting in drastic changes in society where the ability to relate socially and daily activities is reduced or even non-existent (Brooks et al., 2020). This policy also has a negative impact on the psychological aspects of individuals, for example stress due to minimal social contact, loss of freedom, boredom, and even leads to depressive symptoms (Efi & Parahyanti, 2021; Zhang & Ma, 2020). The other impact of this policy is changed on work activities in the community because mostly people work from home (Sunarti et al., 2020). Even so, there are still many workers who must continue to work as usual, especially for those who work in healthcare facilities. For people who work in healthcare facilities such as hospitals, a significant increase in the number of COVID-19 patients every day leads to an increase in workload (Lin et al., 2020). The increase in workload occurs not only among medical staff but also among auxiliary workers such as cleaning staff who also work in hospitals.

During the COVID-19 pandemic, cleaning staff along with medical staff, were reported to have played an important role in breaking the chain of transmission of diseases caused by both bacteria and viruses. In addition, it has been reported that during the pandemic, cleaning staff can work 12 hours a day without receiving special care and also providing inappropriate PPE or Personal Protective Equipment (Nissa & Anggraeni, 2020). A study also found that during the COVID-19 pandemic, cleaning staff experienced excessive workloads, heavy shifts, mild anxiety, depression, and some negative emotional states such as worrying about

family during COVID-19 and quarantine. It was also stated that cleaning staff reported significant issues related to the use of PPE and infection control measures during the pandemic, which were underestimated (Sahoo et al., 2021). This report is in accordance with the results of research before the pandemic which stated that cleaning staff were known to have mental health disorders, such as negative health perceptions and lack of job satisfaction, as well as hearing loss, dizziness, and low back pain (Rocha et al., 2019). This condition forces cleaning staff to work under pressure but remain professional. Therefore, the ability to be resilient is very much needed in this situation, so that cleaning staff can continue to perform their duties optimally during the COVID-19 pandemic. Consistent with research findings explaining that resilient individuals are better prepared to deal with stressors in a constantly changing work environment (Khan et al., 2017).

Resilience is an individual's strength to be able to adapt in the face of adversity. More clearly, resilience is the ability of individuals to bounce back after experiencing challenges or negative events in their lives (Wagnild & Young, 1993). On the other hand, resilience is also defined as individual characteristics that make them able to face various problems (Connor & Davidson, 2003). Resilience is also defined as an individual's acceptance of unstable situations and the ability to adapt, survive, and rise from adversity (Boss, 2013). So, it can be said that resilience is an individual's ability that allows him to adapt and survive when faced with problems. In the field of organizations involving workers and companies, resilience is defined as the ability to survive in the face of challenges and is a trait that highly sought after in organizations (Taylor et al., 2019). Several factors that influence resilience are (a) individual factors (cognitive function/intelligence, coping strategies, locus of control, self-concept); (b) family factors; (c) community factors; and (d) risk factors (Basim & Cetin, 2011; Everall et al., 2006; Herrman et al., 2011). According to previous research, individuals who receive direct family support, such as the presence of a spouse when facing problems will be more motivated, optimistic and confident that they can become successful people (Everall et al., 2006).

Spousal support is a social support received from one's partner. Social support is a multidimensional variable consisting of (1) social attachment, (2) perceived support, (3) received support, and (4) provided support (Setiasih & Jayanti, 2018). Perceived support focuses on a person's assessment that the person providing support will or has offered efficient help (Jameel & Shah, 2017). Perceived support is one of the dimensions of social support that plays an active role as a buffer in dealing with stressful life events, as well as being the most consistent dimension in predicting someone's health (Gülaçti, 2010). Support from spouse is needed in reducing the risk of conflict and existing stress (Puspitawati, 2012). Spousal support is viewed as an interpersonal resource where those who use the support system are usually assisted in meeting the demands, either directly or by reducing the demands that placed on them (House, 1981).

During the COVID-19 pandemic, the PSBB (Large-Scale Social Restrictions) policy brought changes to people's social interactions as previously described. Thus, the family is the only environment available for a full 24 hours due to restrictions on activities outside the home. Thus, people can only rely on everything they have at home as an alternative to interact, so the support of a spouse becomes appropriate which is very important and needed in this situation (Winurini, 2020). Previous study reported that workers who received support from their spouse showed greater ability to cope with workplace challenges (Aryee et al., 1999). Other studies have also shown that spousal support is related to professional success; workers with higher levels of spousal support have strong career adaptation (Ocampo et al., 2018). In addition, spouse's personality may influence success at work (Solomon & Jackson, 2014).

During the COVID-19 pandemic, spousal support is an interpersonal resource that helps workers deal with changes by providing emotional support and considering important tasks to be done, helping workers get the job done and reducing their fatigue (Iqbal et al., 2020; Tang et al., 2017). In addition, spousal support during the pandemic is also provided by listening to spouses' experiences at work for those who have to work as usual and help do household chores (Chan et al., 2019). However, to what extent that spousal support associated with resilience in blue collar workers, such as cleaning service staffs, who work in the hospital during the pandemic is still unknown. As they work in the hospital where patients affected with COVID-19 were treated, they also exposed to risks of being infected by corona virus. Most of the time, cleaning service staffs attained low educational level which makes difficult to understand the medical restriction or adjustment towards changes due to the pandemic situation. To deal with with uncertainties and rapid changes during the pandemic needs resilience. Therefore, the study aims to investigate whether spousal support was associated with resilience on cleaning staffs working in hospitals during the COVID-19 pandemic.

METHOD

This is a cross-sectional study. The data collection was conducted during September until October 2021 by distributing online questionnaires using the Google Form. The reason for using online questionnaires was due to the pandemic situation at the time the study was conducted, the researchers were not allowed to collect data directly particularly in the hospitals due to severity of the corona outbreak. The study protocol has been approved by the ethical commission of the Faculty of Public Health, Universitas Diponegoro prior the study. The study population were outsourced cleaning staffs who work at PT. STP, a private company located in Semarang that provides cleaning service workers for many hospitals in the Central Java province. We recruited study participants using cluster random sampling method by randomly choose hospitals to collect data and invited all cleaning staffs in that hospital to participate in the study. The inclusion criteria of study participants were: (1) minimum education is high school, (2) married, and (3) still working during the COVID-19 pandemic. By applying these criteria, there were 103 cleaning staffs have joined the study as participants.

In order to collect data, we used the Resilience Scale, the Spousal Support Scale, and socio demographic questionnaire that were delivered using an online platform (Google Form). To assess resilience of study participants, we used The Resilience Scale that was developed by Wagnild and Young (1993) that translated and validated into Indonesian by Saifuddin (2018) with coefficient reliability value is ($\alpha = .828$). This study uses Wagnild and Young's (1993) resilience criteria to measure the resilience of respondents. The criteria are equanimity, perseverance, self-reliance, meaningfulness, and existentially aloneness, which were measured on a single scale. Prior to data collection, the scale was first tested on cleaning staff with the same inclusion criteria as the study participants to examine the validity and reliability of scale. Furthermore, the final analysis resulted 14 items with items applied for example "I face the problem patiently". Each item was answered using 4-point Likert scale, (1) strongly disagree; (2) agree; (3) disagree; and (4) strongly disagree. The Cronbach's alpha value is .802 indicating the Resilience Scale is a good and reliable instrument.

In order to assess spousal support of the study participants, we used The Receipt of Spousal Support Scale that was developed by Dorio (2008) that translated and validated into Indonesian by Nugraha (2018) with coefficient reliability value is ($\alpha = .864$). The aspect of perceived spousal support that measured in this study consisted of emotional attention, instrumental support, informational

support, and appraisal support (Dorio, 2008), which were measured on a single scale. Prior to data collection, the scale was first tested on cleaning staffs who have similar inclusion criteria as the study participants for evaluating the scale's validity and reliability. The analysis revealed 15 items with items applied for example "My spouse asks about my daily life". Each item was answered using 5-point Likert scale, (1) never; (2) rarely; (3) sometimes; (4) often; and (5) always. The Cronbach's alpha value is .918 indicating the Spousal Support Scale is a good and reliable instrument.

Meanwhile for socio demographic data, we used nine questions regarding gender, age, age at marriage, education, spouse's occupation, duration of marriage, and number of children. The items applied for example "How long have you been married?".

After data collection was conducted, first we checked for missing data. Then, we prepared the data for analysis, i.e., assign codes for subjects. Subsequently, we conducted descriptive statistical analysis, linearity and normality tests, and Pearson's Product-Moment Correlation test for hypothesis testing. All statistical analyses were performed using SPSS version 25.0 for Windows.

RESULT AND DISCUSSION

The majority of participants in this research were men (76; 73.8%), aged 37 years old, and married at the age of 26 years old, has been married for 11 years and have 1-2 children. In terms of education, men in the study went for a higher education (12-16 years) than women in the study (12 years). Detailed data can be seen in the Table 1.

Table 1.
Participant's Characteristics

| Characteristics | Gender | | | | Total | |
| | Men | | Women | | | |
	Min-Max	*Mean*	*Min-Max*	*Mean*	*Min-Max*	*Mean*
Participant						
Age (years)	22-58	36.3	23-52	39.6	22-58	37.2
Age at Marriage (years)	17-48	26.8	20-45	27.4	17-48	26.2
Duration of Education (years)	12-16	12.11	12	12	12-16	12.1
Participant's Spouse						
Age (years)	26-60	42.8	18-56	33.3	18-60	35.8
Age at Marriage (years)	20-45	27.4	15-47	23.9	15-47	24.8
Duration of Education (years)	9-12	11.4	6-16	11.4	6-16	11.4
Participant's Family						
Duration of Marriage (years)	.5-29	9.4	1-31	15.4	.5-31	11
Number of Children	0-6	1.5	0-3	2	0-6	1.6

Regarding the spouse's job, most of men in the study have their wife stay at home as a housewife (53.9%), the remaining spouses were employees in the private companies (26.3%), labors (10.5%), entrepreneurs (6.6%), and teachers (2.6%). In the other hand, the women participating the study have their husband working as an employee in a private company (59.3%), labor (22.2%), entrepreneurs (14.8%), and unemployed

(3.7%). We also identified about 59.2% of participants were dual-earner families, 9.2% of men in the study did not live with their wives and 1.3% of women in the study did not live with their husbands.

In Table 2, we can see that the *mean* value of resilience is 42.70 and *SD* is 4.149. On the other hand, we also know that the *mean* value of spousal support is 57.99 and *SD* is 10.700.

Table 2.
Data Description for Each Variable

Variables	*Min*	*Max*	*M*	*Med*	*SD*
Resilience	35	56	42.70	42	4.149
Spousal Support	23	74	57.99	60	10.700

Data from Table 3 shows that most of the respondents' resilience conditions are in the medium category as much as 91 participants (88.3%). While the remaining 12 participants (11.7%) are in the high resilience category. Meanwhile, the majority of study participants received great support from their spouses (79.6%).

Table 3.
Score Categorization

Variables	*n*	%	Category
Resilience	91	88.3	Medium (35 - 49)
	12	11.7	High (> 49)
Spousal Support	5	4.9	Low (< 37.5)
	16	15.5	Medium (37.5 – 52.5)
	82	79.6	High (> 52.5)

Notes. Using hypothetical categorization.

Based on statistical analysis to assess the hypothesis, this research used the Pearson correlation test and revealed a moderate positive correlation between spousal support and resilience ($r = .411$, $p < .001$). In the other hand, we revealed no significant correlations between family characteristics and spousal support as well as resilience (see Table 4 for details).

Table 4.
Relation of Family Characteristics, Spousal Support, and Resilience

Variables	**Spousal Support**	**Resilience**
Family Characteristics		
Respondent's age at marriage (years)	.098	.118
Spouse's age at marriage (years)	.003	.105
Respondent's education (years)	.073	.113
Spouse's education (years)	.094	.123
Spouse's Occupation	-.031	.014
Duration of Marriage (years)	.084	-.052
Spousal Support	1	**.411**[**]
Resilience	**.411**[**]	1

[**]$p < .01$

The study aims to investigate whether spousal support was associated with resilience on cleaning staffs working in hospitals during the COVID-19 pandemic. The results of statistical analysis confirmed a positive correlation between spousal support and resilience. The finding is in line with one of the factors that influence resilience, where it is stated that family factors affect individual resilience (Basim & Cetin, 2011; Everall et al., 2006). Individuals who receive direct family support, such as the presence of a spouse when facing problems, will be more motivated, optimistic and confident that they can become someone who is successful (Everall et al., 2006).

In difficult conditions, when a pandemic COVID-19 suddenly strikes and many things change quickly, resulting in various negative impacts. People need resilience skills to be able to face problems and difficulties. Resilience is a state that is not easily achieved and is different for each individual, even though they are facing the same problem (Dewi & Hendriani, 2014; Karina, 2014). Resilient individuals are known to be more prepared to deal with stressors found in a constantly changing work environment (Khan et al., 2017). More resilient employees are generally more open to new experiences, able to deal with changing work demands, and emotionally able to manage problems (Branicki et al., 2016). This difference in resilience is also seen in the results of this study, where it was found that 88.3% of respondents were in the medium category of resilience and 11.7% of respondents were in the high category.

The results of this study also found that the R^2 value is (.169) which means spousal support is known to explain the resilience of cleaning staff by 16.9%. It is known that in the field of organization, there are two types of social support that can affect an individual's work and career, (1) the support that the individual feels from the work environment and (2) the support that comes from outside the work environment, such as the perceived spousal support (Shaffer et al., 2001). Workers who receive spousal support show increased capacity to cope with challenges in the workplace (Aryee et al., 1999). Other studies have also revealed that perceived spousal support is directly related to career success, workers with higher levels of spousal support have strong career adaptation (Ocampo et al., 2018). This is in line with a study which showed that the personality of a spouse can influence an individual's success in their work (Solomon & Jackson, 2014). Individuals who receive spousal support can use these resources to withstand stress or increase other resources, such as personal resources, like energy and motivation to carry out their responsibilities as parents, spouses, or

workers (Alifah, 2021; Gayathri & Karthikeyan, 2016).

Spouse support is also very much needed during the lockdown or PSBB (Large-Scale Social Restrictions) policy imposed during the COVID-19 pandemic. The policy brought many changes, one of which was social interaction. The family is the only environment that is met for a full 24 hours because of the restrictions on activities outside the home. For the time being, people could only rely on everything they had at home as an alternative to keep up with their usual interactions outside the home (Winurini, 2020). So in this situation the presence of a spouse is very important, as explained in previous research that the relationship between husband and wife, especially in the quality of communication, is needed in times of crisis, such as during the COVID-19 pandemic (Prime et al., 2020).

The results of this study indicate that the majority of respondents (79.6%) received great supports from their wives/husbands. But some of them (4.9%) reported lack of support from their partners. As it is known that spousal support is an interpersonal resource that helps workers deal with change by providing emotional support and considering important tasks to be done, helping workers get the job done and reducing their fatigue (Iqbal et al., 2020; Tang et al., 2017). In addition, spousal support during the pandemic is also provided by listening to spouses' experiences at work for those who have to work as usual and help do household chores (Chan et al., 2020). Another recent study also revealed that a spouse has a positive impact on the emergence of perceived family support, where this support motivates employees and leads to the perception of being energetic and enthusiastic (Nguyen & Tran, 2021). This study is related to previous research which explains that spousal support is known to play an important role in reducing the effects of work stress (Richardsen et al., 2016) and if we look further at other studies, it is explained that spousal support can reduce work stress in

men by 40% while in women it is only 17% (Bures et al., 1996).

In this study there were 26.2% women respondents who were also mothers, where their husbands also had jobs. In previous studies, it was found that spousal support can reduce negative outcomes and can be a very important resource for those who carry out multiple roles such as working mothers (Halbesleben et al., 2012). The results of a recent study during the COVID-19 pandemic, found that in working women, spousal support was recognized as very important because it was reported to provide women with a better life at work. This support is in the form of husband's cooperation in taking care of the household (Uddin, 2021).

In this study, it is also known that there is no correlation between family characteristics and spousal support also family characteristics and resilience. But if we look further, other studies have found a positive relationship between husband's length of education and subjective well-being of working women (Sunarti et al., 2020). This is in line with the results of previous studies, which explained that the level of education offered several benefits, such as increasing living standards and quality of life. Where when someone's education is high it will provide broad opportunities to increase the capacity of skills and insight to increase better job opportunities and contribute to the fulfillment of welfare objectively so that it will increase subjective well-being (Aceleanu, 2012). Where subjective well-being is related to resilience, individuals who have high subjective well-being values will be able to easily adapt in dealing with these situations so that they will feel a better life (Pavot & Diener, 2004). Low or high subjective well-being describes the adaptability of individuals to deal with problems that occur in their lives (Nayana, 2013). Based on this, it is suspected that subjective well-being is related to resilience, but this opinion needs further research.

The study has some limitations. First, it only comprised cleaning staff working at the hospital; therefore, the study findings could not be compared to study involving cleaning staff working in a non-high-risk area, such office building area. Second, we collected data from employees under the auspices of one company even though the placement was on several hospitals.

CONCLUSION

The role of cleaning service staffs working in the hospitals during the COVID-19 pandemic had been neglected, while they also play important role to support healthcare practitioners. The study aims to investigate whether spousal support was associated with resilience on cleaning staffs working in hospitals during the COVID-19 pandemic. The study findings showed a moderate positive correlation between spousal support and resilience on cleaning staffs working in the hospital during the pandemic. In addition, spousal support explains 16.9% of resilience. The majority of study participants received great support from their spouses and reported moderate resilience. Family support, particularly from the partner, play important role in supporting participants work during the pandemic. Future studies may investigate other factors associated with resilience on cleaning staffs or other supporting healthcare workers who work in the hospital during the COVID-19 pandemic.

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