

VALIDATION OF BRIEF MEASUREMENT OF RELIGIOUS COPING IN BAHASA INDONESIA (BRIEF RCOPE BI)

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ABSTRACT

Religion and spirituality are determinants of psychological adjustment of coping resources, especially in a religious country such as Indonesia. However, in general, its measurement does not use standardized scales. This study aimed to examine the validity of the Indonesian version of the Brief Measurement of Religious Coping (Brief RCOPE). The sample of this study was 150 women recruited by a consecutive sampling strategy. Exploratory factor analyses were performed to examine the structure's validity. The criteria's validity was measured by its correlation with the Freiburg Mindfulness Inventory and FACIT Sp12. The exploratory factor analyses indicated that the Indonesian Brief RCOPE satisfied the construct validity. The Bartlett sphericity test was significant ($df (91) = 1109.79, p < 0.001$), and the Kaiser-Meyer-Olkin (KMO) test was 0.782. The exploratory factor analyses confirmed that the two-factor design model with 50.4% explained the variance. Positive religious coping was correlated with mindfulness ($r = 0.338, p < 0.01$) and spirituality ($r = 0.317, p < 0.01$), while negative religious coping was correlated with perceived stress ($0.182, p < 0.05$). Cronbach's alpha coefficients for Factor 1 and Factor 2 were 0.83 and 0.82, respectively. Thus, the Indonesian version of Brief RCOPE is valid and reliable for measuring positive and negative religious coping.

Keywords: *Adaptation; mindfulness; psychometric; religion; spirituality*



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INTRODUCTION

Individual coping strategies are influenced by the resources available to the person, such as psychological, spiritual, social, environmental, and material resources, and the nature of the situation, especially whether its outcome is controllable or has to be accepted (Folkman, 2013). Among belief systems, religion, and spirituality have been the main determinants of psychological adjustment for specific ethnic groups, such as Anglo-Saxons in the United States (Koenig et al., 2012). However, this result may vary in other countries, such as Indonesia. Indonesia is considered to be within the top five of the most religious countries (Gebauer et al., 2014). Thus, religion and spirituality may play an important role in the citizen's adjustment to challenging situations.

Religion and spirituality can become coping strategies for individuals to adapt to challenging situations. Therefore, religious people, such as Indonesians, may benefit from their

belief systems (Arini et al., 2015; Mulyono, 2011; Mulyono & Chen, 2019). Patients also experienced the benefits of this coping strategy (Upoyo et al., 2016). Studies have reported various positive and negative effects from the patient's belief system (Pargament, 2002; Roger & Hatala, 2018). Positive outcomes would be beneficial for the patient's well-being or health. In contrast, negative outcomes would worsen or challenge the patient's health.

The Brief RCOPE is a valid instrument that measures the positive and negative patterns of religious and spiritual aspects. A current literature review has indicated the tool's consistency in its translated form into many different languages (Ashktorab et al., 2017; Brasileiro et al., 2016; Kohls et al., 2009; Rodrigues et al., 2022; Sauer et al., 2011; Trousselard et al., 2010; Walach et al., 2006). However, the Brief RCOPE was unavailable in the Indonesian language. If it existed, it would not have been supported by adequate

evidence of translation procedures (Sulistiyani et al., 2020; Supradewi, 2019).

This study filled the knowledge gap on religious coping and examined the validity of the Indonesian language version of the Brief RCOPE instrument. This study serves to validate the Brief RCOPE among Indonesian people.

METHOD

Study design

A correlational design was employed.

Sample and setting

At first, one hundred and fifty healthy women and men were invited to this study. However, no potential male responded the invitation. Finally, authors decided to include only female in to join this study since further studies on this topic were specifically for the female population with cancer, the authors decided to include only women. Moreover, past literature reported a gender difference variable in religion or spirituality

The inclusion criteria included those over 18 years old who could read and write and were not suffering from illness or were under medication. The last criterion was set because consuming sedatives or pain killers for chronic illness could give a peaceful sensation (Beller et al., 2015). The consecutive sampling technique was applied to recruit 150 respondents. This study was conducted between May and June 2019.

Measures

The Brief RCOPE instrument evaluates the positive and negative patterns of religious coping (Pargament et al., 1998). It comprises of 14 RCOPE items focusing on the two theoretical dimensions of positive or negative patterns. The Brief RCOPE has the advantage of providing a valid measure and filling religious coping patterns with a more limited number of items. This tool is also of clinical interest, as it has indicated that the positive religious coping pattern predicts better mental health (through reduced symptoms of depression and anxiety). In contrast, the negative pattern predicts an alteration in mental health (Ano and Vasconcelles, 2005). The latest review indicated that various translated versions of Brief RCOPE were valid and reliable (Pargament et al., 2011)). A Likert Scale with four visual analog indicators was applied from never (0) to always (3). A positive religious coping score was obtained when the total score of items being 1-7, while negative religious coping was obtained when the total score of items being 8-14.

Construct validity testing of the two dimensionalities of the structure followed the original version. Criteria validity was measured by correlating the Indonesian Brief RCOPE with other tools such as the Freiburg Mindfulness Inventory (FMI), the Perceived Stress Scale (PSS), the WHOQOL BREF, and the Spirituality (FACIT-Sp12).

The construct validity tested the two dimensionalities of the structure per the original version. Criteria validity was measured by correlating the Brief RCOPE Bahasa Indonesia (BI) with other tools, such as the Freiberg Mindfulness Inventory (FMI), the Perceived Stress Scale (PSS), the WHOQOL BREF, and the Spirituality (FACIT-Sp12).

Translation and validation

The translation and adaptation process adopted the Sperber (2004) approach, which includes translation and back-translation procedures. Two English-qualified bilingual nurses with IELTS scores equal to or above 6.5 translated the

original version into the Indonesian language. These two translated versions were compared to the formulated draft of the Indonesian Brief RCOPE. Next, a native bilingual person who lived in the US back-translated the draft into English. The draft and back-translated versions were compared to formulate the Indonesian language version of Brief RCOPE. A cognitive interview was conducted with five students and five laypeople. A minor revision was performed for mistyping and misspelling of several words.

Procedures for data collection

Six enumerators who live in Purwokerto were trained to recruit potential respondents. Each enumerator visited each potential respondent and explained the study's purpose and benefits and the respondent's role in the study. After the respondents signed the informed consent form, each enumerator provided a set of questionnaires and waited for the respondents to complete them. Prepaid mobile phone vouchers were provided for each respondent.

Data analysis

The univariate analyses provided information about data dispersion and the central tendency of numeric data. Categorical data were presented as percentages. Exploratory Factor Analysis (EFA) examined the validity of the two-factor solution structure of the Indonesian language Brief RCOPE. Internal consistency was measured with Cronbach's alpha coefficient. Pearson *r* correlation was utilized to test the correlation between positive and negative coping patterns and criteria tools such as the Freiburg Mindfulness Inventory (FMI), the FACIT Sp12, the WHO Quality of Life (WHOQOL BREF), and the Perceived Stress Scale (PSS 10).

Statistical treatments were performed with the SPSS 21.0 software. The Bartlett sphericity test and the Kaiser-Meyer-Olkin index (KMO) were utilized to verify the adequacy of the correlation matrix for the exploratory factor analysis. The significant findings of the Bartlett test and KMO index of > 0.7 indicated that the correlation matrix was adequate for factor analysis (Tiesinga et al., 2009). Structural validity was explored with factor analysis using principal component extraction and oblique rotation (direct Oblimin) as the supposed correlation between the two factors (Caporossi et al., 2018). Factor selection was performed using the Kaiser criterion (eigenvalue > 1). The validity of the convergent criteria was explored by studying the links (Pearson *r*) between religious coping factors and criteria variables. Reliability was tested using Cronbach's alpha formula (internal cohesion). The significance threshold was fixed at $p \leq 0.05$.

Ethical considerations

This study is part of the "Studi Eksplorasi Koping Religius dan Spiritual pada Pasien Kanker Ginekologis untuk Meningkatkan Kualitas Hidup pada Periode Survivorship". The study has been reviewed by the ethical committee of Margono Soekardjo Hospital in Purwokerto with number 420/956/VII/2019.

RESULTS

On average, the respondents were approximately 31 (± 12.7) years old. Most of the respondents were affiliated with Islam. The proportion of married individuals to unmarried ones or widows was nearly equal at 50.7% and 49.3%, respectively. Most respondents' educational were of senior high school education or lower (86.7%). Most respondents were dependents (homemakers and kids or older adults) at 80.7%. Only 144 respondents shared information about their personal and family income. Several respondents (30) did

not fill out their personal income. They were primarily homemakers who felt they were family dependents. Most of those who shared the information had monthly incomes of less than 5 million IDR, or approximately equal to 357 USD. More than 75% of the respondents are active in their jobs/activities.

Table 1. Demographic characteristics

Characteristics	n (%)
Age	
Mean	31.1 (12.7)
Religion	
Islam	147 (98.0)
Catholic	3 (2.0)
Marital status	
Unmarried	68 (45.3)
Married	76 (50.7)
Widow/widower	6 (4.0)
Educational background	
Elementary school	29 (19.3)
Junior high school	20 (13.3)
High school	81 (54.0)
College/university	20 (13.3)
Jobs	
Government employee	2 (1.3)
Employee	11 (7.3)
Business person	12 (8.0)
Housewife	63 (42.0)
Laborer	4 (2.7)
Dependant	58 (38.7)
Current job status	
Active	115 (76.7)
Temporary leave	5 (3.3)
Retired	28 (18.7)
Personal income (N114)	
<1 M IDR	88 (58.7)
1-5 M IDR	25 (16.7)
6-10 M IDR	1 (0.7)
Total family income (N=144)	
< 1 M IDR	49 (32.7)
1-5 M IDR	91 (60.7)
6-10 M IDR	1 (0.7)
>10 M IDR	3 (2.0)
Health insurance covered	99 (66.0)

Table 2. Mean scores of the utilized tools

Variables	Mean (SD)	Scale's range
PR coping	18.90 (2.6)	0-21
NR coping	4.69 (3.8)	0-21
Mindfulness (FMI)	37.92 (4.4)	0-56
Spirituality (FACIT-SP12)	37.43 (5.4)	0-48
Perceived stress (PSS10)	18.44 (4.1)	0-50
WHOQOL BREF		
Physical domain	69.71 (11.4)	100
Psychological domain	69.61 (11.1)	100
Social domain	64 (15.2)	100
Environmental domain	63.33 (11.8)	100

As predicted, the mean score of the PRC pattern ($M = 18.90$ (2.6) was higher than the mean score of the NRC pattern ($M = 4.69$ (3.8)). The difference between both scores was significant ($t = 36.25$, $p < 0.01$).

The mean FMI score of 37.92 with a maximum of 56 and mean Spirituality score of 37.43 with a maximum of 48 were slightly higher than the median score of each scale.

Construct validity

The Bartlett sphericity test was significant ($df (91) = 815.044$; $p < 0.001$), and the Kaiser-Meyer-Olkin (KMO) test resulted in a value of 0.782. These results satisfied the factorial analysis requirements. The principal component analysis retained a two-factor solution, which revealed that Factor 1, comprised of seven items, makes up the positive religious coping pattern of the original version of Brief RCOPE. This factor explained 27.31% of the variance. Factor 2 explained 23.12% of the variance and consisted of seven items composed of the negative religious coping pattern of the original version of Brief RCOPE. With the two-factor structure solution, the Indonesian Brief RCOPE explained 50% of the criteria validity variance.

Positive Religious Coping represents the closeness of individual to his/her belief system. Especially the relationship to the God or superior entity in the system belief. This is an integration the belief system in the life. While the Negative Religious Coping is a symbol of an individual failure to integrate religious aspects into coping strategies in dealing with stress (Pargament et al., 1998).

Table 3. Results of correlation analyses between PRC and NRC to other scales

Variables	PRC pattern	NRC pattern
PRC pattern	-	-.067
NRC pattern	-.067	-
Mindfulness (FMI)	.338**	.185*
Spirituality (FACIT Sp12)	.317**	-.082
Perceived stress (PSS 10)	-.093	.182*
WHOQOL BREF		
Overall	.164*	-.179*
Physical domain	.048	.076
Psychological domain	.272**	-.125
Social domain	.054	.001
Environmental	.015	.081

PRC: Positive Religious Coping, NCR: Negative Religious Coping

The correlational analyses (Table 4) did not indicate a significant intercorrelation between the positive and negative scales of Brief RCOPE BI ($r = -0.06$, $p > 0.05$). The PRC pattern score correlated positively with the FMI score ($r = 0.338$, $p < 0.01$) and FACIT-SP12 ($r = 0.317$, $p < 0.01$).

Meanwhile, the NRC score coping correlated positively with the FMI score ($r = 0.185$, $p < 0.05$) and the PSS score ($r = 0.182$, $p < 0.05$) and had a negative correlation with the score of overall quality of life ($r = -.179$, $p < 0.05$). The NRC pattern had a positive correlation with PSS ($r = 0.185$, $p < 0.05$) and FMI ($r = 0.182$, $p < 0.05$). Moreover, the correlational analyses (Table 4) did not indicate a significant intercorrelation between the positive and negative scales of the Indonesian language Brief RCOPE ($r = -0.06$, $p > 0.05$). The PRC pattern score correlated positively with the FMI score ($r = 0.338$, $p < 0.01$) and FACIT-SP12 ($r = 0.317$, $p < 0.01$).

Meanwhile, the NRC coping pattern score correlated positively with the FMI score ($r = 0.185$, $p < 0.05$) and PSS score ($r = 0.182$, $p < 0.05$) and correlated negatively with the score of overall quality of life ($r = -.179$, $p < 0.05$). NRC

pattern had a positive correlation with PSS ($r = 0.185$, $p < 0.05$) and FMI ($r = 0.182$, $p < 0.05$).

Concerning quality-of-life domains, the PRC pattern score correlated with the overall quality of life ($r = 0.164$, $p < 0.05$)

and psychological domain of quality of life ($r = 0.272$, $p < 0.05$), while NRC only correlated with the overall quality of life ($r = -0.79$, $p < 0.05$).

Table 4. Results of factor analyses

No	Items	Factor 1	Factor 2
1	Looked for a stronger connection with God	.633	-.057
2	Sought God's love and care	.629	.057
3	Sought help from God in letting go of my anger	.627	.099
4	Tried to put my plans into action together with God	.868	-.028
5	Tried to see how God might be trying to strengthen me in this situation	.692	-.095
6	Asked forgiveness for my sins	.725	-.048
7	Focused on religion to stop worrying about my problems	.775	-.174
8	Wondered whether God had abandoned me	-.207	.710
9	Felt punished by God for my lack of devotion	-.034	.707
10	Wondered what I did for God to punish me	.094	.734
11	Questioned God's love for me	-.066	.801
12	Wondered whether my church had abandoned me	-.117	.725
13	Decided the devil made this happen	.075	.434
14	Questioned the power of God	-.027	.707
	% variance explained	27.3	23.1
	Cronbach's alpha coefficient	0.83	0.81
	Eigenvalue	3.82	3.23

*) Note: Principal component method with direct Oblimin

Reliability

The Brief RCOPE BI version was confirmed reliable. Its reliability was identified from Cronbach's alpha coefficient. The reliability of all 14 items was 0.728. The Cronbach's alpha coefficients of factor 1 and factor 2 were 0.83 and 0.80, respectively. Inter-item correlation had a mean of 0.420 (0.250-0.719) for factor 1 and 0.392 (0.153-0.641) for factor 2. These indicators confirmed that the Brief RCOPE BI is a reliable instrument.

DISCUSSION

This study examined the validity of the Bahasa Indonesian (BI) version of the Brief RCOPE. Overall, the Brief RCOPE BI version is a valid and reliable tool for this study's population. The mean score of PRC coping was higher than NRC. Religious aspects were a positive modality for the respondents' coping strategy. This result supported the evidence from a previous study of the original version in the US (Pargament et al., 1998) and the French version in Europe. However, the study did not confirm the correlation between the PRC pattern and the NRC pattern. A recent study indicated a correlation between PRC and NRC (Caporossi et al., 2018). However, both religious coping patterns were not correlated in the original version.

Furthermore, the construct validity of the Indonesian language Brief RCOPE satisfied the significance threshold. The two-factor model was confirmed valid, wherein all factors included in each factor exceeded the minimum requirement of 0.3. This finding confirmed the consistency of the positive and negative religious coping patterns and supported current studies in France and Iraq (Al-Hadethe et al., 2016; Caporossi et al., 2018; Pargament et al., 1998).

Next, PRC had a positive correlation with spirituality. This relationship was predicted since spirituality and religiosity are overlapping concepts. FACIT-SP12 is also a common tool to measure spirituality. Three concepts: meaning, harmony, and faith, were measured (Canada et al., 2013; Canada et al., 2008; Canada et al., 2016; Murphy et al., 2010). This study

indicated a significant positive correlation between the PRC pattern and FACIT-SP12.

Another correlation exists between the PRC pattern and FMI. The high FMI score represents the individual's ability to pay attention to their emotional changes (mindfulness). Religiosity can measure how a person uses religious aspects in response to a problem. Similarly, the mindfulness measured information for processing taught in Buddhism practice through meditation (Sauer et al., 2013) is similar to the term *muroqobah* in Islam (Isgandarova, 2019; Siddiqui, 2019). These concepts are religious practices that can help their followers achieve a "spiritual" level. Spirituality and mindfulness were associated with improved psychological and medical symptoms (Carmody et al., 2008).

Although religious coping, spirituality, and mindfulness are correlated, these concepts are still different. PRC and NRC portray how religion influences how individuals adjust to stressful conditions (Kohls et al., 2009). Meanwhile, spirituality measures the effect of the belief system on subjective response to the meaning of life. In contrast, mindfulness measures information processing in a mental state (Sauer et al., 2013).

This study confirmed the validity of Brief RCOPE BI. However, unexpected results also emerged. The NRC pattern had a positive correlation with FMI and PSS. Theoretically, they should be negatively correlated. Current evidence also consistently reports that negative religious coping is related to negative psychological symptoms (Al-Hadethe et al., 2016; Pargament et al., 2011). Since the correlation coefficient was exceedingly small, the sample size may have caused this result. Increasing sample size may result in a more consistent relationship than what was found in this study.

The limitation of this study was that it only covered the female population. Therefore, this Brief RCOPE BI version validity

investigation was confirmed for the female population. Using this tool to measure gender should consider re-testing.

CONCLUSION AND RECOMMENDATION

This study indicated that the validity of the factor model design is convergent. The Brief RCOPE BI also measures different concepts from mindfulness and spirituality. Moreover, the reliability coefficient of the two factors is high. In conclusion, the Brief RCOPE BI is a valid and reliable tool for measuring the positive and negative patterns of religious coping among a healthy female population. Therefore, further studies can utilize the Brief RCOPE BI for assessing religious coping among Indonesians.

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