International Journal of Advanced Psychiatric Nursing

Rofiqah
Faculty of Psychology, The State Islamic University of Maulana Malik Ibrahim, Malang, Indonesia

Sakban Rosidi
Sports Education, Graduate School of IKIP Budi Utomo Malang, Indonesia

Cynthia A Pawelzick
Sports Education, Graduate School of IKIP Budi Utomo Malang, Indonesia

Personal and social factors of resilience: Factorial validity and internal consistency of Indonesian read

Rofiqah, Sakban Rosidi and Cynthia A Pawelzick

DOI: https://doi.org/10.33545/26641348.2023.v5.i1b.119

Abstract
Academic and applied interest in the concepts and aspects of adolescents' resilience is increasing. It is very important and useful, therefore, to provide an instrument to measure it. This study intends to generate and test the validity and reliability of the Indonesian version of the Resilience Scale for Adolescents (READ). A sample of 361 students (Male = 125, Female = 236) aged 14 to 18 years participated in this study. Exploratory and confirmatory factor analyzes were performed to test validity, whilst the Cronbach's Alpha procedure was performed to test reliability. The Indonesian version of READ meets the criteria of factorial validity and internal consistency, with four sub-factors, namely: family cohesion, social competence, and social resources, as well as a new labelled factor, goal-oriented competence. This study proposes the name of personal and social factors of adolescent resilience as the variable measured by the Indonesian version of the READ scale. Social resilience factors consist of family cohesion and social resources. The personal resilience factor consists of goal-oriented competence and social competence.

Keywords: Adolescence, read, resilience, counseling for resilience

1. Introduction
The study of resilience has started nearly half a century ago and continues to grow up to now [1]. Based on its characteristics, the topic of this study is divided into three waves, namely: the first wave that is characterized through phenomenological identification, the second wave that emphasizes on the process for accessing resilient qualities and the third wave that exemplified the postmodern and multidisciplinary view of resilience [2].

The first period of research on resilience in Indonesia found that Nurussakinah Daulay [3] studied the resilience of mothers with autistic children, Yudi Kurniawan and N. Noviza [4] studied the resilience of survivors of violence, Sari, Sari & Hernawaty [5] studied the resilience of stunting youth, Soerjoatmodjo & Moningka [6] studied mental interventions to increase the resilience of badminton athletes, Mujahidah & Listiyandini [7] studied the effect of resilience and empathy on depressive symptoms in adolescents, Izzaturrohmah and Nuristighfari Masri Khaerani [8] studied the resilience of women victims of violence, Maesaroh, Sunarti, and Muflikhat [9] studied the resilience of adolescents, Intan Mutiara Mir'atannisa, Nandang Rusmana and Nandang Budiman [10] studied positive adaptability through resilience, attachment to significant figures, resilience, and delinquency among adolescents, Hidayat & Nurhayati [11] studied the effect of social support and hope on resilience in adolescents, Puspitasari, Maslihah & Wulandari [12] studied the effect of attachment on psychological well-being mediated by resilience.

The second period, can be traced to Akbar & Mauna [13] which studied the protective factors of the resilience of Special School teachers, Yuliastutik & Fitrianur [14] studied the relationship of self-efficacy to adolescent resilience during a pandemic, Rahmawati, Suhari, Astuti & Musviro [15] studied adolescent resilience after a disaster, Batubara, Daulima, Wardani, Kusumawati, Setiyawan, Oktariani & Rumiyati [16] examined the resilience of young survivors of domestic violence, Rahayu & Ediati [17] examined self-love and resilience of students and Dwiputri & Harsono [18] regarding the relationship between social support and resilience of Qur'an memorizing students, Hermahayu [19] studied the resilience of athletes, Dyah Triarini Indirasari, Debora Eflina Purba, Rizka Anindita [20] studied the mediation role of resilience, Ahrul Azumar, Sokhivah, and Ati Kusmawati [21] studied the resilience of athletes with severe injuries, Edwin Adrianta Surijah, Gaura Hari Prasad, and

Corresponding Author:
Rofiqah
Faculty of Psychology, The State Islamic University of Maulana Malik Ibrahim, Malang, Indonesia

Made Rinda Ayu Saraswati [22] studied marital resilience and satisfaction, Dewi Khurun Aini, Marcus Stück, Lucky Ade Sessiani, Darmuin [23] studied the resilience of adolescents during a pandemic, Nadya Ariyani Hasanah Nuriyyatiningrum, Ahmad Gimmy Prathama Siswadi, Achmad Djunaidi, Quadri Mojeed Akorede [24] studied the resilience of caregivers, and Grace Tesabela Koamesah, Stefani Virlia and Muwaga Musa [25] studied the resilience of health workers.

Most recently, it is reported that there has been a national scale study, which scientific publications have not yet been done, conducted by the Research Team for the Cognition, Affect & Well-Being Laboratory, Faculty of Psychology, University of Indonesia. This study has concluded that in general, the resilience of Indonesians is low. It is also concluded that Indonesians tend to be pessimistic about the future. When experiencing a stressful situation, Indonesians are easily affected [26].

Several studies are more methodological, including the study by Octaryani & Baidun [27] which studied the validity test of the resilience construct, Borualogo & Jefferies [28] on the adaptation of the child and youth resilience measurement instrument into Indonesian, Hayatini & Dimyati [29] on the validity and the reliability of the resilience scale for Islamic boarding school students, and Primasari, Hoeboer, Bakker & Olff [30] regarding the validation of the Indonesian resilience evaluation scale for undergraduate students.

Some differences can be found between those studies. Although all examine resilience, the operational definitions and measurement instruments used differ from one another. Some researchers develop their own measurement instruments, for example by basing them on the four aspects of resilience by Kumpfer [31] and the theory of Reivich & Shatté [32], and Hooper [33]. The rests use adaptation of measuring instrument of resilience studies, including the Brief Resilience Scale (BRS), The Resilience and Youth Development Module (RYDM), Connor-Davidson Resilience Scale (CD-RISC10), Modified Connor-Davidson Resilience Scale (MCDRS), Adolescent Resilience Scale (ARS), Dispositional Resilience Scale (DRS-15), Resilience Scale for Athlete (RSA), Couple Resilience Inventory (CRI), and the Sports Mental Toughness Questionnaire (SMTQ).

Academics have indeed shown great attention to resilience. Therefore, many scales have been developed to measure it. Linden, Ecclestone & Stuart [34] have reviewed various instruments for measuring resilience by scope. Previously, Isyaku Salisu and Norashida Hashim [35] had detailed at least 19 (nineteen) scales for measuring resilience. Based on the number of items, the Ego Resiliency Scale (ERS) developed by Bromley, Johnson & Cohen [36] is a resilience scale with the most items, which is 102 items. The Connor-Davidson Resilience Scale-2 (CD-RISC-2) developed by Vaishnavi, Connor and Davidson [37] with only two items, is a scale with the fewest items.

The Connor-Davidson Resilience Scale (CD-RISC) is one of the most popular resilience scales. Many researchers have used this scale in their research. Several researchers have tested its validity and reliability. Several other researchers have made an adapted and modified version of this scale. The Indonesian language study of Connor-Davidson Resilience Scale (CD-RISC) using the RASCH method, for example, has been carried out by Wahyudi, et al. [38]

Conceptually, the Connor-Davidson Resilience scale (CD-RISC) is based on the definition of resilience as an inner quality that enables individuals to overcome adversity and rise from failure (Connor & Davidson, 2007). These qualities include: (1) personal adequacy, high standards, and persistence, (2) trust in instincts and acceptability for negative effects, (3) acceptability for change and secure relationships; (4) control; and (5) the influence of belief or spirituality [39].

Another resilience scale for youths is better known by the acronym READ (Resilience Scale for Adolescents). The scale that emphasizes on protective factor was developed by Hjemdal et al. [40] This is in line with the definition used by the scale's developers, that resilience is the protective factor, process, and mechanism that contributes to good outcomes, even though the experience of dealing with stress has been shown to carry a significant risk for the development of psychopathology. This scale has been tested for validity and reliability [41]. Besides being widely used because of its validity and reliability, it has also been adapted in various cultural and linguistic contexts. Adaptation into Italian, carried out by Yvonne Kelly, Amanda Fitzgerald & Barbara Dooley [42]. Adaptation into German by Clarissa Janousch, Frederick Anyan, Odin Hjemdal and Carmen Nadja Hirt [43]. Adaptation for a Spanish-speaking population by Pérez-Fuentes, Jurado, Martín, Rubio & Linares. [44] Adaptation into Mexican by Ruvalcaba-Romero, Gallegos-Guajardo & Villegas-Guinea [45].

Considering the enthusiasm of the researchers and the usefulness of the adolescent resilience scale, it was considered important to develop an adapted version in Indonesian. The phenomenon of adaptation and borrowing of such instruments, apart from being encouraging, also raises the issue of equivalence between the original instruments and the results of their adoption, adaptation and translation. In guaranteeing this equality, the International Test Commission (2010), has introduced the International Test Commission Guidelines for Translating and Adapting Tests, which has become the guideline for psychometric experts and researchers.

There are a number of reasons why the topic of this study continues to grow. First, the sophistication and complexity of technology also presents the level and amount of difficulties and risks faced by young people. Second, the expectation of possibilities and opportunities for practical benefits for the advancement of the assisting profession, such as psychiatrists, clinical psychologists, nurses, school counselors, and educators in general. All of them or anyone who works in the profession of assisting youth, will benefit from having a youth resilience scale that is not only valid and reliable, but also ready and suitable for use by Indonesian youth.

The absence of an Indonesian youth resilience scale that meets validity and reliability criteria, such as READ, makes this research not only new but also important. There are many problems faced by Indonesian youth, which logically pose a threat to their resilience.

This study aims to explore the psychometric characteristics of the adolescent resilience scale (READ) adapted to the Indonesian language and cultural context. What is the factorial validity? How reliable is the internal consistency? Is it necessary to reorganize the main factors? Why is there a difference in the main factor composition with the original version and other adapted versions?

2. Materials and methods

2.1 Instruments

The collection of data began with the adaptation of the READ scale from English to Indonesian. The original version of the READ scale consists of 28 items, with positive sentences, and a 5-point Likert type structure. A higher score on READ indicates a higher level of resilience. This original scale includes 5 factors: personal competence, social competence, structured style, family cohesion and social resources.

Adaptation of READ for adolescents in Mexico produced 22 valid items, which are grouped into five factors, namely: family cohesion (6 items), personal competence (4 items), social competence (5 items), social resources (4 items), and goal orientation (3 items). The validation of the Spanish version for Mexican adolescents was like any other READ validation study, with a difference in a new factor related to goal orientation that is possibly due to cultural differences. This adapted version of the study concluded that the READ scale is valid and reliable for the Mexican context.

Six steps of the cross-cultural adaptation procedure were carried out to produce the Indonesian READ scale, namely: initial translation, translation synthesis, reverse translation, expert review, and pre-final version testing, submission of results for use in research. As recommended by Beaton, Bombardier, Guillemin & Ferraz [46] the English READ is translated into Indonesian using forward and back translation procedures by a native Indonesian speaker and a native English speaker.

The feasibility test of the Indonesian version of the READ adaptation is based on two main criteria and one additional criterion according to Guilford [47] namely: factorial validity, internal consistency reliability, and practicality in use. Practicality definition is expanded following Plomp's [48] ideas, which are usable, easy to use, and preferable.

2.2 Studied Sample

Demographic data and resilience variables were collected from a sample of 400 high school (general school and vocational school) students. The respondent's participation in this study is voluntary with a commitment that the respondents remain anonymous. Of the 400 instruments that were collected, only 361 were completed and met the requirements for analysis. These youths were between 14 and 18 years old, with a mean age of 16.49 (SD = 0.989). More detailed demographic data for the respondents of this study are presented in Table 1.

Table 1: Demographic Data of Participants (N = 361)

Variable		N	%
Gender	Male	174	48,2
	Female	187	51.8
School Type	General School	162	44.9
	Vocational School	199	55,1
Region Cluster	Java	218	60,4
	Borneo	25	6,9
	Moluccas and Papua	16	4,4
	Nusa Tenggara and Bali	21	5,8
	Sulawesi	32	8,9
	Sumatra	49	13,6

2.2 Statistical Analysis

The exploratory factor analysis of the Indonesian version of the READ structure was carried out using the principal component analysis method, and based on the criteria of Eigenvalues greater than 1. The adequacy index criteria were determined based on the Kaiser-Meyer-Olkin test (KMO). Correlation criteria between items were tested with Bartlett's test of sphericity.

After the confirmatory factor analysis was carried out, regrouping was done based on the results of the rotation of the Varimax with Kaiser Normalization. Internal consistency reliability was tested based on the Cronbach's Alpha coefficient, both for each of the factors formed, as well as for all factors. Checking the coefficient of determination was carried out to ascertain whether the combination of all factors resulted in a significant explained variance. The entire data management and calculation process was carried out using Microsoft Excel Office 2021 software, and IBM SPSS 25 for Windows.

The final step, labelling the formed factors, was carried out first according to the label given by the initial compiler. When the analysis produces new factors, labelling is conducted by combining two or more of the previous names, which are considered to represent the contents of the scale items.

3. Results and Discussion

The exploratory factor analysis of the Indonesian version of the READ structure carried out using the principal component analysis method, resulted in a Kaiser-Meyer-Olkin Measure of Sampling Adequacy coefficient of 0.944. The Bartlett test yields a level of $p<0.01$ (Approx. Chi-Square 4,938,732, DF = 231), which means that the intercorrelation between items is sufficient (See Table 2).

Table 2: Adapted Version of READ, Validity, Reliability and Regrouping

Initial No.	Original Items (Adaptation)	Factors	New No.	Loading Factors, Regrouping and the New Label			
				1	2	3	4
				FC	SC	GOC**	SR
1	We share in our family the opinion of what is important in life (*Dalam keluarga, kami berbagi pendapat tentang apa yang penting dalam hidup*)	FC	1	0,641*			
2	I feel comfortable with my family (*Saya merasa nyaman bersama keluarga saya*)	FC	2	0.824*			
3	My family is in agreement most of the time (*Keluarga saya sering saling setuju*)	FC	3	0.768*			
4	My family sees the future in a positive way, even when very sad things happen (*Keluarga saya melihat positif masa depan, bahkan saat ada kejadian sangat menyedihkan*)	FC	4	0.659*			
5	We help each other in my family (*Dalam keluarga, kami senantiasa saling membantu*)	FC	5	0.757*			
6	We like to do things together in my family (*Kami senang berkegiatan bersama keluarga*)	FC	6	0.792*			

7	I can easily manage that people who surround me feel comfortable (*Saya bisa dengan mudah melakukan pengaturan agar orang-orang sekitar saya merasa nyaman*)	SC	7	0.415*		
8	I can easily make new friends (*Saya bisa dengan mudah mendapatkan teman baru*)	SC	8	0.773*		
9	I'm good at talking to new people (*Saya trampil berbicara dengan kenalan baru*)	SC	9	0.834*		
10	I always ind something fun to talk about (*Saya selalu menemukan bahan perbincangan yang menyenangkan*)	SC	10	0.774*		
11	I always ind something encouraging to say to other people when they are sad (*Saya selalu menemukan cara membesarkan hati orang lain yang sedang bersedih*)	SC	11	0.580*		
12	I feel competent (*Saya merasa berkecakapan*)	PC	12	0.689*		
13	Most of time I know what is best for me when I have to choose among several options (*Acapkali saya tahu apa yang terbaik bagi saya ketika harus membuat pilihan*)	PC	13	0.536*		
14	Self-confidence helps me overcome dificult moments (*Kepercayaan diri membantu saya mengatasi masa-masa sulit*)	PC	14		0.594*	
15	When things are going bad, I tend to look for the good that can come out of it (*Ketika mendapat musibah, saya mencari kebaikan dan pelajaran dari musibah tersebut*)	PC	15		0.643*	
20	I achieve my goals if I make a great effort (*Saya akan berhasil mencapai tujuan jika saya berusaha keras*)	GO	16		0.776*	
21	I do my best when objectives and goals are clear to me (*Saya berusaha dan berkarya sangat baik bila tujuan dan sasarannya jelas*)	GO	17		0.710*	
22	I know how to achieve my goals (*Saya tahu bagaimana saya bisa mencapai tujuan saya*)	GO	18		0.624*	
16	I have some friends and relatives who frequently encourage me (*Saya memiliki beberapa teman dan saudara yang sering menyemangati saya*)	SR	19			0.715*
17	I have some friends and relatives who really care about me (*Saya memiliki beberapa teman dan kerabat yang sangat peduli dengan saya*)	SR	20			0.747*
18	I always have somebody available when I need it (*Senantiasa ada seseorang bagi saya, saat saya membutuhkannya*)	SR	21			0.775*
19	I have some friends and relatives that value my qualities (*Saya memiliki beberapa teman dan kerabat yang menghargai saya*)	SR	22			0.737*
	% Variance			19,601	17,591	15,315	13,839
	Cronbach's Alpha (0.943)			0.902	0.867	0.863	0.892

Notes: Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy: 0,944
Bartlett's Test of Sphericity: Approx. Chi-Square: 4.938, 732; DF 231; Sig. 0,000
Initial Factors:
FC = Family Cohesion; PC = Personal Competence; SC = Social Competence; SR = Social Resources; GO = Goal-Orientation
Regrouping:
FC = Family Cohesion; SC = Social Competence; GOC** = Goal-Oriented Competence; SR = Social Resources
* Loading Factor > 0, 30
** New Label

With the Eigenvalues criterion greater than 1, four factors are formed. The validation of this scale shows good internal consistency and high reliability on the three initial factors of Family Cohesion (% variance 19.601 and Cronbach's Alpha 0.902), Social Competence (% variance 17.591 and Cronbach's Alpha 0.867), and Social Resources (% variance 13.839 and Cronbach's Alpha 0.892), as well as the new factor labelled Goal-Oriented Competence (% variance 15.315 and Cronbach's Alpha 0.863). This last factor is a combination of the initial factors, Goal Orientation and Personal Competence. The four components formed in the confirmatory factor analysis yielded an explained variance of 66.34%, with Cronbach's Alpha 0.942.

The elaboration on the possible influence of gender, type of school and urbanity where participants live (See Table 3), strengthen the suggestion for the widespread use of Indonesian READ. Although regrouping based on the proximity of its constituents is needed, all Indonesian READ items have good factorial validity and internal consistency reliability for measuring the resilience factors of youth. Three factors with social characteristics, namely: family cohesion, social competence, and social resources appear to make the greatest contribution to adolescent resilience.

Table 3: Difference in the Mean of Two Independent Samples

Variables	Grouping	Means	T	Sig. (2-Tailed)	Conclusion
Gender	Male	84.9943	- 0.877	0.381	No difference
	Female	86.5241			
School Type	General School	86.3827	0.616	0.538	No difference
	Vocational School	85.3015			
Urbanity	City	86.3621	0.947	0.344	No difference
	Regency	84.6017			

Publications on resilience have increased substantially by around 85% in the last decade [49]. Interest in resilience is largely motivated by the possibility to understand and identify the protective factors and mechanisms that are

important for positive adaptation and that can help prevent psychological problems [50]. This study and the possibility of using both the instruments and the data obtained for the Indonesian context are no exception.

This finding corroborates many studies that Indonesians have a high collectivist tendency. The study by Hofstede Insights [51], for example, states that with a score of 14, Indonesians' individualism is low, so they are classified as collectivists. That is, there is a strong tendency for individuals to conform to the ideals of the society and group to which they belong. One of the clear markers is the role of the family in social relations.

As an example, in Indonesia, when a person wishes to get married, it is crucial to meet the woman's family because family is important to her. If a man wants to be taken seriously by a woman, he is obligated to visit her family and introduce himself formally to her parents. It is inappropriate to seduce a woman and formalize a relationship without first informing her parents.

Another example of Indonesia's collectivist culture is the equality between children and parents. Indonesian children are committed to their parents, so are parents committed to their children throughout their lives. The desire of children is to make their parents' life easier. There is a desire to take care of the elderly and provide them with support in their old age. Loyalty and family solidarity are also evident in the desire of children and even grandchildren to look after their parents or grandparents at home, rather than, for example, placing them in a nursing home or similar institution.

Several studies inspired by this study, for example Shadiqi *et al.* [52], Setyaningrum, Wijaya, and Subagyo [53], and Setyawan [54] tend to strengthen the conclusion of the tendency of Indonesian collectivist culture as concluded by Hofstede Insights.

The results of the factor analysis place goal-oriented skills as a necessary but not sufficient condition for adolescents to have personal resilience. Three other factors which are also necessary but not sufficient conditions, namely family cohesion, social resources and social skills, all of which are intertwined with collective and social competence, are very strategic factors, and indicate an effective path to increase the resilience of adolescents.

This study proposes the name Faktor Personal dan Sosial Ketangguhan Remaja (FPS-KR) which translates as personal and social factors of adolescents resilience as a variable name measured using the Indonesian version of READ, which consists of two main sub-factors, namely: personal factor of resilience consisting of goal-oriented competence (GOC) and social competence (SC), and social factor of resilience consisting of family cohesion (FC) and social resources (SR).

The proposed operational definition of the Personal and Social Factors of Adolescent Resilience (FPS-KR) is as a source, process and function of personal capabilities and social support that can be obtained and guarantees an individual's ability to face difficulties and challenges, bounce back from failures, and continue to grow to be better in any situation, which includes goal-oriented competencies, social competencies, family cohesion, and social resources.

Regarding researches that place adolescent resilience as a dependent variable that is influenced by independent variables with individual units of analysis, only relevant personal resilience items are included. In the study of positive affect on sports participation, which affects

individual physical fitness, for example, it is recommended not to include the score of the social factor subscale item of resilience. Operationally, personal resilience is defined as an individual's ability to face difficulties and challenges, bounce back from failure, and continue to develop to be better in any situation, which includes personal competence, social competence, and a strong orientation towards goals.

The twelve items of the scale that measures personal resilience are: (1) I can easily manage that people who surround me feel comfortable, (2) I can easily make new friends, (3) I am good at talking to new people, (4) I always find something fun to talk about, (5) I always find something encouraging to say to other people when they are sad, (6) I feel competent, (7) Most of time I know what is best for me when I have to choose among several options, (8) Self-confidence helps me overcome difficult moments, (9) When things are going bad, I tend to look for the good that can come out of it, (10) I achieve my goals if I make a great effort, and (12) I know how to achieve my goals.

For further research, it is recommended that validity and reliability testing be carried out with a larger sample and a more specific cultural context is still needed to obtain a truly valid and reliable Indonesian version of READ.

For practical application, it is recommended that resilience, especially in children and adolescents, is not only a basis but also as a guidance and counseling orientation in schools. Resilience-based guidance and counseling means making the social and personal factors of resilience a potential in facing all forms of challenges and difficulties in order to continue to progress and develop.

As initiated by Richardson [55], the direction of development of postmodern resilience research must combine the findings of resilience studies as a personal quality (general characteristics of the first wave of resilience studies) and resilience as a process (general characteristics of the second wave of resilience studies) towards resilience-based practices to find the innate resilience or soul of the client or counselee. Resilience-oriented counseling or counseling for resilience means making social and personal resilience factors as the direction and goals of helping services so that counselees or students have the ability to progress and develop despite being faced with challenges and difficulties.

4. Conclusions

The test results concluded that the Indonesian version of READ has good factorial validity and high reliability. Four dimensions were formed from the confirmatory factorial analysis, namely: family cohesion (19.601% explained variance and Cronbach's Alpha 0.902), social competence (17.591% explained variance and Cronbach's Alpha 0.867), and social resources (13.839% explained variance and Cronbach's Alpha 0.892), and a new labelled factor, goal-oriented competence (15.315% explained variance and Cronbach's Alpha 0.863). The goal-oriented competence sub-factor is a combination of the two initial sub-factors, namely: goal orientation and personal competence. The four components formed produce 66.34% explained variance, with Cronbach's alpha of 0.942.

This study proposes *Faktor Pribadi dan Sosial Ketangguhan Remaja* (FPS-KR) which means personal and social factors of adolescent resilience as the variable name measured by the Indonesian version of the READ scale. The social factor sub-scale of resilience consists of family cohesion (FC) and social resources (SR). The personal

resilience subscale consists of goal-oriented competence (GOC) and social competence (SC). The difference in the composition of the sub-factors is thought to have occurred due to the influence of Indonesian culture which tends to be collectivist.

Taking the locus of sub-factors, social and personal into account, it is recommended that users of the Indonesian version of READ only use the social factor sub-scale of resilience if they intend to reveal the social sources of adolescent resilience, and use the personal factor of resilience sub-scale if they intend to reveal the level of personal resilience of adolescents. The results of measurements using the personal factor subscale of resilience are in line with Connor & Davidson's [56] general definition of resilience as the ability to deal with challenging events such as stress, trauma or chronic adversity, the ability to bounce back from adversity to a higher level, and the ability to thrive in the face of adversity or trauma.
References

5. References

1. Goldstein S, Brooks RB. Why Study Resilience?, in Sam Goldstein and Robert B. Brooks, eds., Handbook of resilience in children, New York, Springer; c2005. https://doi.org/10.1007/0-306-48572-9_1

2. Richardson GE. The metatheory of resilience and resiliency. Journal of Clinical Psychology. 2002;58(3):307-21. https://doi.org/10.1002/jclp.10020

3. Daulay N. Gambaran ketangguhan ibu dalam mengasuh anak autis, Psikohumaniora: Jurnal Penelitian Psikologi. 2016 Nov;1(1):49-74. https://doi.org/10.21580/pjpp.v1i1.929

4. Kurniawan Y, Dan Noviza N. Peningkatan resiliensi pada penyintas kekerasan terhadap perempuan berbasis terapi kelompok pendukung, Psikohumaniora: Jurnal Penelitian Psikologi. 2017;2(2):125-142. http://dx.doi.org/10.21580/pjpp.v2i2.1968

5. Sari RF, Sari SP, Hernawaty T. Resiliensi remaja stunting, Jurnal Keperawatan BSI. 2017 Sep;5(2):74-82.

6. Soerjoatmodjo GWL, Moningka C. Can mental skills intervention improve resilience of adolescent badminton athletes, Advances in Social Science, Education and Humanities Research, 2nd Yogyakarta International Seminar on Health, Physical Education, and Sport Science (YISHPESS 2018). 1st Conference on Interdisciplinary Approach in Sports (CoIS 2018); c2018. p. 278. https://doi.org/10.2991/yishpess-cois-18.2018.106

7. Mujahidah E, Listiyandini RA. Pengaruh resiliensi dan empati terhadap gejala depresi pada remaja, Jurnal Psikologi. 2018;14(1):60-75. http://dx.doi.org/10.24014/jp.v14i1.5035

8. Izzaturrohmah dan Khaerani NM. Peningkatan resiliensi perempuan korban pelecehan seksual melalui pelatihan regulasi emosi, Psikohumaniora: Jurnal Penelitian Psikologi. 2018;3(1):117-140. http://dx.doi.org/10.21580/pjpp.v3i1.2527

9. Maesaroh S, Sunarti E, Dan Muflikhati I. Ancaman, faktor protektif, dan resiliensi remaja di Kota Bogor, Jur. Ilm. Kel. & Kons, Januari. 2019;12(1):63-74. http://dx.doi.org/10.24156/jikk.2019.12.1.63

10. Mir'atannisa IM, Rusmana N, Budiman N. Kemampuan adaptasi positif melalui resiliensi, Journal of Innovative Counseling: Theory, Practice & Research. 2019;3(2):70-75.

11. Hidayat N, Nurhayati SR. The effect of social support and hope on resilience in adolescents, Humaniora. 2019;10(3):219-225. https://doi.org/10.21512/humaniora.v10i3.5852

12. Puspitasari P, Maslihah S, Wulandari A. Pengaruh kelekatan terhadap kesejahteraan psikologis yang dimediasi oleh resiliensi, Jurnal Psikologi Insight. 2020 Apr;4(1)32-44. https://doi.org/10.26858/talenta.v6i1.13100

13. Akbar Z, Mauna. Protective factors for teacher resilience in elementary special educations, Potensi Penelitian dan Pengabdian di Era New Normal, The 2st National Conference on Education, Social Science, and Humaniora, Mataram, 29 December 2020, LITPAM, Indonesia; c2020.

14. Yuliastutik S, Fitrianur WL. Hubungan efikasi diri terhadap resiliensi remaja selama pandemi, Indonesian Journal of Professional Nursing. 2021;2(2):121-127. http://dx.doi.org/10.30587/ijpn.v2i2.3339

15. Rahmawati PM, Suhari S, Astuti A, Musviro M. Resilience of adolescent post-disaster eruption of Mount Semeru: literature review. Journal of Vocational Nursing. 2021;2(2):164-170. https://doi.org/10.20473/jovin.v2i2.30625

16. Batubara IMS, Daulima NHC, Wardani IY, Kusumawati HN, Setiyawan S, Oktariani M, *et al*. Resilience of adolescents survivors of domestic violence: a qualitative study. Open Access Maced J Med Sci. 2021 Oct 10;9(G):211-216. https://doi.org/10.3889/oamjms.2021.6772

17. Rahayu TA, Ediati A. Self-compassion dan resiliensi pada mahasiswa di era adaptasi kehidupan baru, Jurnal Empati. 2021;10(5):362-367. https://doi.org/10.14710/empati.2021.32939

18. Dwiputri FSN, Harsono YT. The relationship between social support and resilience in Qur'an memorizing at santri SMP ISR in Malang City, in International Conference of Psychology 2021 (ICoPsy 2021). KnE Social Sciences; c2021. p. 285-296. https://doi.org/10.18502/kss.v7i1.10218

19. Hermahayu. The role of mental toughness and intrinsic motivation on athletes' resilience during the Covid-19 Pandemic, Urecol Journal. Part H: Social, Art, and Humanities. 2021;1(1):47-56. https://doi.org/10.53017/ujsah.54

20. Indirasari DT, Purba DE, Anindita R. Future time perspective and turnover intention: The mediating role of resilience, Psikohumaniora: Jurnal Penelitian Psikologi. 2019;4(1):1-12. https://doi.org/10.21580/pjpp.v4i1.3120

21. Azumar A, Sokhivah, Kusmawati A. Resiliensi Atlet Berprestasi Yang Mengalami Cedera Berat (Studi Atlet Tapak Suci Cabang 14 Jakarta Selatan). Khidmat Sosial: Journal of Social Work and Social Services. 2022 Apr;3(1):31-40.

22. Surijah EA, Prasad GH, Saraswati MRA. Couple resilience predicted marital satisfaction but not well-being and health for married couples in Bali, Indonesia, Psikohumaniora: Jurnal Penelitian Psikologi. 2021;6(1): 13-32. https://doi.org/10.21580/pjpp.v6i1.6520

23. Aini DK, Stück M, Sessiani LA, Darmuin. How do they deal with the Pandemic? The effect of secure attachment and mindfulness on adolescent resilience, Psikohumaniora: Jurnal Penelitian Psikologi. 2021;6(1): 103-116. https://doi.org/10.21580/pjpp.v6i1.6857

24. Nuriyyatiningrum NAH, Siswadi AGP, Djunaidi A, Akorede QM. Psychoeducational support group to the resilience of caregivers of chronic kidney disease patients undergoing hemodialysis, Psikohumaniora: Jurnal Penelitian Psikologi. 2020;5(1):89-106. http://doi.org/10.21580/pjpp.v5i1.3572

25. Koamesah GT, Virlia S, Musa M. Resilience in health workers: The role of social support and calling, Psikohumaniora: Jurnal Penelitian Psikologi. 2022;7(1): 1-14. https://doi.org/10.21580/pjpp.v7i1.9287

26. Lusia A. Resiliensi Orang Indonesia Cenderung; c2022. Rendah, https://psikologi.ui.ac.id/author/devpsikologi/

27. Octaryani M, Baidun A. Uji validitas konstruk resiliensi, JP3I. 2017;6(1):43-52. http://doi.org/10.15408/jp3i.v6i1.8150

28. Borualogo IS, Jefferies P. Adapting the child and youth resilience measure-revised for Indonesian contexts, Journal of Educational, Health and Community Psychology. 2019;8(4):480-498. https://doi.org/10.12928/jehcp.v8i4.12962

29. Hayatini DR, Dimyati. Validity and reliability of resilience scale for Islamic boarding school students, Humaniora. 2020 Nov;11(3)227-233. https://doi.org/10.21512/humaniora.v11i3.6693

30. Primasari I, Hoeboer CM, Bakker A, Olff M. Validation of the Indonesian resilience evaluation scale in an undergraduate student, BMC Public Health. 2022;22:2410. https://doi.org/10.1186/s12889-022-14769-3

31. Kumpfer KL. Factors and Processes Contributing to Resilience. In: Meyer D, GlantzJeannette L, Johnson, editors. Resilience and Development. Boston: Kluwer Academic Publishers; c2002. p. 179-224.

32. Reivich K, Shatté A. The resilience factor: 7 essential skills for overcoming life's inevitable obstacles. Broadway Books, New York; c2002.

33. Hooper LM. Individual and Family Resilience: Definitions, Research, and Frameworks Relevant for All Counsellors, The Alabama Counselling Association Journal. 2009;35(1):19-26.

34. Linden B, Ecclestone A, Stuart H. A scoping review and evaluation of instruments used to measure resilience, SSM - Population Health. 2022;19:101227. https://doi.org/10.1016/j.ssmph.2022.101227

35. Salisu I, Hashim N. A critical review of scales used in resilience research, IOSR Journal of Business and Management. 2017 Apr;19(4):23-33. https://doi.org/10.9790/487X-1904032333

36. Bromley E, Johnson JG, Cohen P. Personality strengths in adolescence and decreased risk of developing mental health problems in early adulthood. Comprehensive Psychiatry. 2006;47(4):315-24. https://doi.org/10.1016/j.comppsych.2005.11.003

37. Vaishnavi S, Connor K, Davidson JR. An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: psychometric properties and applications in psychopharmacological trials. Psychiatry Res. 2007 Aug 30;152(2-3):293-7. DOI: 10.1016/j.psychres.2007.01.006. EPUB 2007 Apr 25. PMID: 17459488; PMCID: PMC2041449

38. Wahyudi A, Mahyuddin MJ, Irawan AW, Silondae DP, Lestari M, Bosco FH, et al. Model Rasch: Analisis skala resiliensi Connor-Davidson versi Bahasa Indonesia, Jurnal Advice. 2020;2(1):28-35. https://doi.org/10.32585/advice.v2i1.701

39. Connor KM, Davidson JRT. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and Anxiety. 2003;18(2):76-82. https://doi.org/10.1002/da.10113

40. Hjemdal O, Friborg O, Stiles TC, Martinussen M, Rosenvinge J. A new scale for adolescents resilience: Grasping the central protective resources behind healthy development. Measurement and Evaluation in Counselling and Development. 2006;39:84-96. https://doi.org/10.1080/07481756.2006.11909791

41. Soest TV, Mossige S, Stefansen K, Hjemdal O. A validation study of the resilience scale for adolescents (READ). J Psychopathol Behav Assess. 2009;32:215-225. https://doi.org/10.1007/s10862-009-9149-x

42. Kelly Y, Fitzgerald A, Dooley B. Validation of the Resilience Scale for Adolescents (READ) in Ireland: a multigroup analysis, Int. J. Methods Psychiatr. Res. 2017, 26. https://doi.org/10.1002/mpr.1506

43. Janousch C, Anyan F, Hjemdal O, Hirt CN. Psychometric properties of the resilience scale for adolescents (Read) and measurement invariance across two different German-speaking samples. Front. Psychol. 2020;11:608677. https://doi.org/10.3389/fpsyg.2020.608677

44. Pérez-Fuentes MDC, et al. Validation of the resilience scale for adolescents in high school in a Spanish population, Sustainability. 2020;12:2943. http://doi.org/10.3390/su12072943

45. Ruvalcaba-Romero Gallegos-Guajardo, Villegas-Guinea. Validation of the resilience scale for adolescents (Read) in Mexico, Journal of Behavior, Health & Social. 2015;6(2):21-34. https://doi.org/10.5460/jbhsi.v6.2.41180

46. Beaton DE, Bombardier C, Guillemin F, dan Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures, Spine. 2000;25(24):3186-3191. https://doi.org/10.1097/00007632-200012150-00014

47. Guilford JP. New standards for test evaluation, Educational and Psychological Measurement. 1946;6: 427. https://doi.org/10.1177/001316444600600401

48. Plomp T. Educational design research: an introduction, in Tjeerd Plomp & Nienke Nieveen, eds., An Introduction to Educational Design Research, Netherlands: SLO, Netherlands institute for curriculum development; c2010.

49. Windle G, Bennett KM, Noyes J. A methodological review of resilience measurement scales, Health and Quality of Life Outcomes. 2011;9:8.

50. Waaktaarx T, Torgersen S. How resilient are resilience scales? The Big Five outperform resilience scales in

predicting adjustment in adolescents. Scandinavian Journal of Psychology. 2009;51:157-63. 10.1111/j.1467-9450.2009.00757.x

51. Country Comparison - Hofstede Insights (hofstede-insights.com); c2023Apr 25.

52. Shadiqi SLH, Azizah AN, Aziza LA, Mayangsari MD. Strong alone, stronger together: the role of collectivism, individualism, egoism, and self-efficacy in the prosocial behavior of flood volunteers, ANIMA Indonesian Psychological Journal. 2022;37(2):217-243. https://doi.org/10.24123/aipj.v37i2.5030

53. Setyaningrum R, Wijaya ARN, Subagyo. The characteristics of society in Indonesian based on the Hofstede cultural dimensions: Measuring the five Indonesian island, International Journal of Culture and Art Studies (IJCAS). 2022;06(1):60-75. https://doi.org/10.32734/ijcas.v6i1.8720

54. Setiawan A. The Influence of Social Context on Co-Design Practice between Indonesia and the UK, Unpublished Ph.D Dissertation, London: Lancaster Institute for the Contemporary Arts; c2021. https://doi.org/10.17635/lancaster/thesis/1180

55. Richardson GE. Applications of the metatheory of resilience and resiliency in rehabilitation and medicine, Disability, and Social Change. 2011;19(1):35-42. https://doi.org/10.7202/1087261a

56. Connor KM, Davidson JRT. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and Anxiety. 2003;18(2):76-82. https://doi.org/10.1002/da.10113