Identification of Prosocial Behavior in the LDP Tagana COVID-19 Team at the Sayyid Ali Rahmatullah Tulungagung State Islamic University

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Abstract

The COVID-19 outbreak has had a tremendous impact, including the number of health workers who died due to exposure to COVID-19. This causes the need for personnel to deal with COVID-19, both medically and non-medically, to increase. These conditions make some people want to contribute and decide to become volunteers. Becoming a volunteer cannot be separated from prosocial behavior, where several factors also influence prosocial behavior. This research aims to look at several factors that influence prosocial behavior. This research used six independent variables: social support, empathy, altruism, cooperation, dyadic coping, and volunteerism, and one dependent variable, prosocial behavior. The approach used is quantitative with multiple linear regression analysis. The population of this study was all 32 members of the LDP Tagana COVID-19 Team at the Sayyid Ali Rahmatullah Tulungagung State Islamic University Flats. All members of the population were involved in this research. The sampling technique used was total sampling. The data collection instrument uses a Likert scale with four answer choices. As for the results, there is a significant influence both simultaneously and partially. Simultaneously, the influence given was 63.9%, while the rest was explained by other variables not examined in this research. This research shows that prosocial behavior can be formed by the factors used in this research. It is very possible that prosocial behavior can be shaped by other variables not examined in this research.

Abstrak

Peristiwa mewabahnya COVID-19 memiliki dampak yang luar biasa, salah satunya adalah banyaknya tenaga kesehatan yang meninggal karena terpapar COVID-19. Hal ini menyebabkan kebutuhan tenaga untuk proses penanggulangan COVID-19, baik secara medis dan nonmedis, semakin bertambah. Kondisi tersebut membuat sebagian orang ingin berkontribusi dan memutuskan untuk menjadi relawan. Menjadi relawan tidak bisa terlepas dari perilaku prososial, dimana prososial juga dipengaruhi oleh beberapa faktor. Penelitian ini bertujuan untuk melihat beberapa faktor-faktor yang mempengaruhi perilaku prososial. Dalam penelitian ini digunakan enam variabel independen, yaitu dukungan sosial, empati, altruisme, kerjasama, dyadic coping dan volunteerisme serta satu variabel dependen yaitu perilaku prososial. Pendekatan yang digunakan adalah kuantitatif dengan analisis regresi linier berganda. Populasi penelitian ini merupakan seluruh anggota Tim LDP Tagana COVID-19 Rusunawa UIN Sayyid Ali Rahmatullah Tulungagung sebanyak 32 orang. Seluruh anggota populasi dilibatkan dalam penelitian ini. Teknik sampling yang digunakan pada penelitian adalah total sampling. Instrumen pengumpulan data menggunakan skala Likert dengan empat pilihan jawab-

an. Adapun hasilnya, terdapat pengaruh yang siginifikan baik secara simultan maupun secara parsial. Secara simultan, pengaruh yang diberikan adalah sebesar 63,9%, sedangkan sisanya dijelaskan oleh variabel lain yang tidak diteliti dalam penelitian ini. Penelitian ini menunjukkan bahwa perilaku prososial dapat terbentuk oleh faktor-faktor yang digunakan dalam penelitian ini. Sangat dimungkinkan perilaku prososial bisa dibentuk oleh variabel lain yang tidak diteliti dalam penelitian ini.

INTRODUCTION

Coronavirus disease (COVID-19) is one of the extraordinary occurrences (Indonesian: *kejadian luar biasa* or KLB) that have occurred in Indonesia following the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/104/2020 (Sari & Rastika, 2020). The outbreak was determined because of the epidemic nature of the virus and recently became a pandemic. COVID-19 has been occurring for around three years and has claimed many victims. Of the 159 thousand people who have died, 2,087 of them were health workers with various backgrounds (*Statistik Nakes yang Meninggal*, 2022).

Many health workers have died as a result of contracting COVID-19. It was recorded that the peak occurred in July 2021, when as many as 502 people lost their lives. This occurrence creates homework for dealing with COVID-19. This condition shows that there is a need for health workers who are ready to help handle COVID-19. One way the government does this is by recruiting volunteers. Volunteers are recruited using various systems, both by contract mechanism and voluntarily. Likewise, with the tasks carried out, volunteers with medical and non-medical backgrounds have different tasks and roles (Aziza & Kartikaningrum, 2020).

The duties of non-medical volunteers, according to the National Disaster Management Agency (Indonesian: *Badan Nasional Penanggulangan Bencana* or BNPB), are more about distributing daily needs for health workers and survivors and acting as preventive parties by creating standard operational procedures and health protocols for the general public. Non-medical volunteers are not directly involved in the healing process for survivors. This differs from what the COVID-19 Psychosocial Support Services Disaster Preparedness Cadets Team (Indonesian: *Tim Layanan Dukungan Psikososial Taruna Siaga Bencana* or Tim LDP Tagana) did, which met directly with survivors as medical personnel did. While volunteering at the Sayyid Ali Rahmatullah Tulungagung State Islamic University Flats, no one was ever exposed to COVID-19, even though they always met survivors (Pamungkas, 2020).

The facts above illustrate that correctly handling COVID-19 will have a good impact and low risk. When it appeared, COVID-19 became a frightening virus with the risk of death it posed. The LDP Tagana COVID-19 Team, which will be referred to as the LDP Tagana Team, at the Sayyid Ali Rahmatullah Tulungagung State Islamic University Flats responded to this differently. They were moved to be directly involved to help with survivors' treatment and healing process. An interview with Imam Syafi'i, the coordinator of the LDP Tagana Team, explained that their task was initially only as a psychosocial companion. However, recently, they have become more involved in handling COVID-19.

The LDP Tagana Team differed from other volunteers during the initial pandemic. This team is involved with positive COVID-19 patients directly, unlike most volunteers who only provide food assistance. The team also provides complete services, from preparing quarantine lo-

cations to the repatriation process for those declared cured and funerals for patients who die.

The involvement of the LDP Tagana Team in handling COVID-19 has had a huge impact. In this case, the LDP Tagana Team has carried out prosocial behavior, which aims to provide benefits to other people (Eisenberg, 2003). Some examples of prosocial behavior are helping, sharing, or providing comfort to others (Baumeister & Vohs, 2007). Prosocial behavior has differences and similarities with altruism. Prosocial is a form of action, while altruism is the motivation behind the action (Takwin, 2021). In short, altruism is part of prosociality.

The prosocial behavior carried out by the LDP Tagana Team was certainly motivated by the motivation to help others. The motivation to help others is also called altruism, a person's motive to help other people who have no connection to personal interests (Myers, 2009). Altruism and prosociality, as previously explained, are one unit with different functions.

Prosocial behavior can be a factor in someone becoming a volunteer. Becoming a volunteer, or volunteerism, is a voluntary act given to other people to provide benefits and is supported by a commitment to complete assistance (Wilson, 2000). The LDP Tagana Team has proven this. They became volunteers from preparing the place until the quarantine location was sterilized again. The decision of the LDP Tagana Team to become volunteers in handling COVID-19 was also based on their experience in dealing with emergencies. Syafi'i also added an example of a child who had to be quarantined and accompanied by his mother. Syafi'i and other team members were determined to provide maximum service during the healing process for COVID-19 patients seeing this incident. This action was based on a sense of empathy, which the LDP Tagana Team trained.

Goleman (1996) explains empathy as a tendency to feel what others feel in certain conditions and situations. The decision to become a volunteer, especially in handling COVID-19, sparked empathy from the LDP Tagana Team, considering the rapid spread and severe impacts caused by exposure to COVID-19. This decision to become a COVID-19 volunteer taken by the LDP Tagana Team was undoubtedly challenging. Some of them were refused to return home because of fears of exposure. Some others get support from their families. This support is a form of social support. Baron and Byrne (2005) explained that social support is a form of physical and psychological comfort the surrounding environment provides.

Prosocial behavior does not appear immediately. Many things are related to a person or group having this behavior. Several things above show that the prosocial behavior that appears in the LDP Tagana Team is related to other psychological conditions. It is interesting to study further to find out how much influence these factors have in determining their prosocial behavior. This research aims to determine internal factors (empathy, altruism, and volunteerism) and external factors (social support, cooperation, and dyadic coping) on prosocial behavior. This research hypothesizes that there is a simultaneous and partial influence of social support, empathy, altruism, cooperation, dyadic coping, and volunteerism on prosocial behavior.

METHODS

This research uses a quantitative approach with a comparative causal type. The respondents in this research were all members of the COVID-19 LDP Tagana Team at the Sayyid Ali Rahmatullah Tulungagung State Islamic University Flats, totaling 32 people. These respondents were chosen because they had a non-medical background but carried out several things related to medical treatment after previously being given training, in contrast to other volunteers with non-medical backgrounds who only served in the non-medical matters during COVID-19. The sampling technique in this research is total sampling. This technique is used considering the small population size based on predetermined criteria. The variables in this research consist of

six independent variables: altruism, volunteerism, social support, dyadic coping, empathy, and cooperation, while prosocial is the dependent variable. The instrument used is a Likert scale, consisting of four answer choices to make it easier for respondents to complete the questionnaire. The scale used is an adaptation of an existing scale. The scale adaptation procedure refers to (Beaton et al., 2000), using five stages, namely translating the original language into the target language, synthesize the results of the translations, translating back to the original language scale, discussing with linguists to review the translation results, and the final stage is testing the translation results into a small group.

The measuring instruments used in this research are: (1) The Prosocial Scale for Adults (PSA), developed by Caprara et al. (2005), consists of 16 items to measure prosocial; (2) The Basic Empathy Scale, developed by Jolliffe and Farrington (2006), consists of 20 items to measure empathy; (3) The Dyadic Coping Inventory, developed by Bodenmann (2008), consists of 37 items to measure dyadic coping; (4) The Cooperation Scale, developed by Anvuur and Kumaraswamy (2012), consists of 24 items to measure cooperation; (5) The Altruistic Personality Scale (APS), developed by Krueger et al. (2001), consists of 20 items to measure altruism; (6) The Volunteer Function Inventory (VFI), developed by Wilson (2000), consists of 30 items to measure volunteerism; and (7) The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988), consists of 12 items to measure social support. The measuring instrument was translated into Indonesian before being translated back into English. The translation results are then consulted with language experts. Improvements are made following suggestions obtained from language experts before discussing again the suitability of the language used. Next, a trial was carried out on 30 people by filling out the questionnaire given along with interviews to ensure that the translation results could be understood and were following the context of the original instrument.

Table 1.
Example of Synthesis of Volunteerism Scale

Original Text	T1	T2	T12
Volunteering makes me feel needed	*Saya dianggap saat menjadi relawan* (I was considered when I became a volunteer)	*Saya merasa dibutuhkan ketika menjadi sukarelawan* (I feel needed when I volunteer)	*Menjadi relawan membuat saya merasa dibutuhkan* (Volunteering makes me feel needed)
Note: T1 = First translator T2 = Second translator T12 = Synthesis results of the first and second translators			

Table 2.
Examples of Adaptations for Each Scale

Variable	Original Text	Final Adaptation Results
Prosocial	I try to help others	*Saya berusaha menolong orang lain* (I try to help other people)
Empathy	I get caught up in other people's feelings easily	*Saya mudah terjebak dalam perasaan orang lain* (I easily get caught up in other people's feelings)
Dyadic Coping	My partner expresses that he/she is on my side	*Pasangan saya mendukung keputusan saya* (My partner supports my decision)
Cooperation	Work groups are effective when people follow leaders' directives	*Mengikuti instruksi pimpinan membuat kelompok kerja lebih efektif* (Following the leader's instructions makes the work group more effective)
Altruism	I have given money to a charity	*Saya memberikan sumbangan* (I made a donation)
Volunteerism	Volunteering makes me feel needed	*Menjadi relawan membuat saya merasa dibutuhkan* (Volunteering makes me feel needed)
Social Support	I can talk about my problems with my family	*Saya mendiskusikan masalah pribadi dengan keluarga* (I discuss personal problems with my family)

After transliteration, the validity test was carried out by five experts using Aiken's V formula. The coefficient values obtained by the prosocial variable were in the range of 0.8–0.9, altruism was 0.82–0.9, volunteerism was 0.84–0.89, social support was 0.88–0.91, empathy was 0.85–0.87, dyadic coping is 0.81–0.83, and cooperation is 0.80–0.81. The next step is to carry out a reliability test through a trial using Cronbach's alpha formula with the following results.

Table 3.
Measuring Instrument Reliability Test Results

Variables	Cronbach's Alpha Coefficient Value
Prosocial Behavior	.720
Social Support	.765
Empathy	.870
Altruism	.886
Cooperation	.891
Dyadic Coping	.772
Volunteerism	.734

The reliability test on the prosocial behavior variable was carried out in two rounds, the social support variable in two rounds, the empathy variable in three rounds, the altruism variable in two rounds, the cooperation variable in three rounds, the dyadic coping variable in three rounds and the volunteerism variable in two rounds with the final coefficient values as shown in the table below. Data collection was carried out by collecting all respondents by distributing seven scale questionnaires using a Likert scale with four answer choices: very suitable (SS = *sangat sesuai*), suitable (S = *sesuai*), not suitable (TS = *tidak sesuai*), and very unsuitable (STS = *sangat tidak sesuai*). Data analysis in the research used classical assumption tests first in the form of normality tests, linearity tests, multicollinearity tests, and heteroscedasticity tests. The data analysis test uses the multiple linear regression or F test for simultaneous testing and the T test for partial testing. The data analysis test is carried out if all the prerequisite tests have been fulfilled in the classical assumption test.

RESULTS

The descriptive data of the respondents in this research are as follows.

Table 4.
Respondents Descriptive Data

Characteristics	Categories	N	Percentage
Gender	Male	28	87.5%
	Female	4	12.5%
Age	23–32	26	81.25%
	33–42	6	18.75%
Occupation	Private	14	43.75%
	Others	18	56.25%
Educational Background	Primary–high school	6	18.75%
	Bachelor's–master's degree	26	81.25%
Marital Status	Married	18	56.25%
	Unmarried	14	43.75%

The classical assumption tests used are the normality, linearity, multicollinearity, and heteroscedasticity tests. The results of the normality test can be seen in the following table.

Table 5.
Normality Test Results

Variables	Significance of Kolmogorov-Smirnov
Prosocial Behavior	.345
Empathy	.421
Dyadic Coping	.225
Cooperation	.276
Altruism	.431
Volunteerism	.315
Social Support	.401

The results above show that the significance value is in the range of 0.225–0.431. These values are known to be greater than 0.05, which means the data in this study is normally distributed. The linearity test results can be seen as follows.

Table 6.
Linearity Test Results

Variables	Significance of Deviations from Linearity
Prosocial Behavior	.385
Empathy	.491
Dyadic Coping	.353
Cooperation	.676
Altruism	.887
Volunteerism	.415
Social Support	.461

The results above show that the significance value is 0.353–0.887. These values are greater than 0.05, which means that the existing data is connected linearly and has an impact if there is an addition or reduction in values. The results of the multicollinearity test are as follows.

Table 7.
Multicollinearity Test Results

Variables	Tolerance Value	VIF
Empathy	.381	1.115
Dyadic Coping	.373	1.235
Cooperation	.286	1.025
Altruism	.387	3.653
Volunteerism	.515	3.348
Social Support	.231	2.577

The results above show that the tolerance value is in the range 0.231–0.515, greater than 0.1, while the VIF is in the range 1.025–3.653, smaller than 10, which means there is no relationship between the independent variables. The final test of the classical assumption carried out was the heteroscedasticity test with the following results.

Table 8.
Heteroscedasticity Test Results

Variables	Significance of the Glejser Test
Empathy	.091
Dyadic Coping	.053
Cooperation	.076
Altruism	.087
Volunteerism	.075
Social Support	.061

The results above show that the significance value of the Glejser test results in the range of 0.053–0.091 is greater than 0.05, proving no symptoms of heteroscedasticity in the independent variables. The hypothesis test is as follows.

Table 9.
Partial Hypothesis Test Results

Variables	Significance Value
Altruism-Prosocial Behavior	.043
Social Support-Prosocial Behavior	.003
Volunteerism-Prosocial Behavior	.034
Cooperation-Prosocial Behavior	.026
Dyadic Coping-Prosocial Behavior	.038
Empathy-Prosocial Behavior	.002

The results above show that each independent variable partially influences the dependent variable with variations in significance values of less than 0.05, namely in the range 0.043–0.002. As for the results of simultaneous hypothesis testing, the results are as follows:

Table 10.
Simultaneous Hypothesis Test Results

Variables	F Test	R Square	Sig.
Altruism, Social Support, Volunteerism, Cooperation, Dyadic Coping, Empathy towards Prosocial Behavior	24.35	.639	.003

The results above show that the six independent variables significantly influence the dependent variable simultaneously, with a significance greater than 0.05. The amount of influence given according to the R Square column is 63.9%, while the rest is explained by other variables not discussed in this research.

DISCUSSION

The hypothesis test results above, both simultaneously and partially, show the influence of altruism, dyadic coping, social support, cooperation, empathy, and volunteerism on the prosocial variable. These results mean that all hypotheses in this research are accepted. Likewise, the simultaneous influence size shows 63.9%, which means there is quite a large influence on the prosocial variable.

Altruism is proven to influence prosocial behavior. Referring to research by Setiawan and Budiman (2021), altruism is the initial trigger for volunteers to assist, even though some have a personal profit motive. This research also produced data that altruism ultimately became one of the factors that made volunteers persist in helping survivors of cancer and other chronic diseases in children. In line with the research re-sults above, the LDP Tagana Team experienced the same thing when accompanying COVID-19 patients with severe symptoms. The research results of Tekin et al. (2021) conducted in various countries found that altruism was one of the factors in helping someone during the COVID-19 pandemic. This research divides three big things in the process of someone having altruistic behavior during the pandemic, namely physical condition, the type of assistance provided, and the form of support that comes in the form of personal and group support.

Research by Zain and Jafar (2021) supports previous study results. The empathy training given to COVID-19 volunteers in Majalengka was proven to increase the volunteers' altruism. This result means that empathy is a good step for someone to take prosocial actions by increasing the altruism side of volunteers. Even though it is not directly related, empathy training has been proven to significantly increase the altruism side of volunteers so that prosocial behavior initiated by altruism can emerge well.

In their research, Lestari et al. (2020) explain that cooperation can form prosocial behavior. The LDP Tagana Team started with three peo-

ple who were Tagana from Tulungagung Regency. The good collaboration between these three people led to nine other people joining until finally, the number increased to 32 people. The uniqueness of this volunteer activity is that they want to help with handling COVID-19 at at the Sayyid Ali Rahmatullah Tulungagung State Islamic University Flats.

Apart from cooperation, prosocial behavior is also motivated by the desire to become a volunteer or volunteerism. Byrne et al. (2021) explain that the desire to become a volunteer is one of the factors for someone to carry out prosocial behavior, apart from knowing the risks and considering the facilities obtained while volunteering. This also happened to the LDP Tagana Team volunteers who, while becoming volunteers, were provided with comprehensive knowledge regarding handling COVID-19.

The LDP Tagana Team received different encouragement from their respective families. This is shown by the fact that several volunteers cannot go home while volunteering. Mufidah et al. (2021) explained that social support mediated by empathy impacts prosocial behavior. This means that the decision to volunteer will be stronger with support from family or the surrounding environment. You et al. (2022) explained that social support successfully mediates gratitude for a person's behavioral problems to carry out prosocial actions. This research is also in line with the results of Xue et al. (2022), which explain that social support can moderate the relationship between resilience and prosocial behavior and reduce the negative influence of COVID-19 on prosocial behavior.

Another form of social support is dyadic coping. Mujianti and Yudiani (2021) explained that dyadic coping is one of the factors that can help couples escape stress. This also happened to the LDP Tagana Team when they faced a difficult situation, especially when COVID-19 experienced a spike in cases. The presence of a partner can provide positive energy to the volunteering process. Feeney and Fitzgerald (2022)

explain that dyadic coping can be a support in reducing stress, provided the condition is not under severe stress. The LDP Tagana team was proven not to be under high stress while volunteering for COVID-19.

Empathy does have an impact on the emergence of prosocial behavior. Ratih (2021) found that the influence of empathy and personality of health workers was 55% on the prosocial behavior they carried out. This shows that empathy has a significant role in influencing someone to behave prosocially. Karnaze et al. (2022) explained that empathy is a factor in supporting other people during the pandemic who are afraid or anxious about the impact of the pandemic.

CONCLUSION

Prosocial behavior can occur from other factors, both internal and external factors. The large influence exerted simultaneously indicates that prosocial behavior can be generated by taking advantage of certain conditions according to needs. Prosocial behavior is related to disaster events and can become everyday behavior. One of the limitations of this research lies in the relatively small number of respondents because the aim is not to generalize. There are also other variables not examined in this study that have the potential to influence prosocial behavior. Future researchers must re-examine prosocial behavior from different aspects to see what factors can influence prosocial behavior, either under certain conditions or normal conditions.

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