



ASSESSING THE RELATIONSHIP BETWEEN STRESSORS AND MENTAL HEALTH AMONG PPV VOLUNTEERS: RELIGIOSITY AS A COPING STRATEGY

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ABSTRACT

The COVID-19 pandemic has brought a significant change in the way we perceive things around us, live our lives, and expect the future to be. Although we have gone through the worst event of our lives, some of us are still having difficulties continuing our daily routines. Working closely with vaccine recipients exposed them to excessive danger since they were unaware of the recipients' health status. Therefore, the purpose of this study is to investigate the role of religiosity in moderating the effect of the stressors, comprising workload & environment, organizer & colleagues, dealing with recipients and knowledge & skills, on mental health among volunteers that comprise psychological distress, physical illness, and mental illness. A total of 226 volunteers from 10 PPVs were selected using a convenience sampling technique. Each of them was given a 21-item questionnaire to be filled out via the WhatsApp application. The items in the questionnaire were adopted from past research. The findings show that workload & environment and dealing with recipients are the significant stressors that lead to psychological distress. Furthermore, religiosity is found to moderate the effect of dealing with recipients on psychological distress. Regarding physical illness, workload & environment, dealing with recipients and knowledge & skills are the significant stressors that influence physical illness. In this relationship, religiosity does not act as a significant moderator. Regarding mental illness, workload & environment and dealing with recipients are found to be the significant stressors that contribute to mental illness. However, when religiosity was tested as a moderator, it was discovered that religiosity influences the relationship between knowledge & skills and mental illness. The findings confirm the significant role of religion as a coping strategy to address the influence of certain stressors on mental health.

Keywords: *Volunteer; Workload & Environment; Knowledge & Skills; Religiosity; Coping Style; Psychological Distress; Mental & Physical Illness; Mental Health; COVID-19*

RESEARCH HIGHLIGHTS

1. During any outbreak of an infectious disease, the psychological reactions of the population play a crucial role in affecting both the disease's spread and the incidence of emotional distress and social disorder during and after the outbreak (Cullen et al., 2020). Despite this, resources are typically inadequate to manage or mitigate the effects of pandemics on mental health and wellbeing (Lemieux-Cumberlege & Taylor, 2019). During any phase of pandemic management, psychological and psychiatric needs should not be overlooked. While this may be understandable during the acute phase of an outbreak, when health systems prioritize testing, reducing transmission, and critical patient care, psychological and psychiatric needs should not be neglected.
2. Psychological factors are known to play a significant role in adherence to public health measures (such as vaccination) and in how people cope with the threat of infection and resulting losses, which are unquestionably crucial issues to consider when managing any infectious disease, including COVID-19. Maladaptive behaviours, emotional distress, and defensive responses are psychological responses to pandemics (Lemieux-Cumberlege, & Taylor, 2019; Behrend, 2022). Therefore, those prone to psychological issues are especially susceptible to the pandemic's effects.
3. One of the potential methods of coping with stressors is to turn to one's religious beliefs. According to DeRossett et al. (2021), employing positive religious coping strategies has been linked to improved physical and mental health outcomes,

whereas using negative religious coping strategies have been linked with increased stress and anxiety.

Research Objectives

The main research objective for this study is to investigate the role of religiosity in moderating the effect of the stressors, comprising workload & environment, organizer & colleagues, dealing with recipients and knowledge & skills, on mental health among volunteers that comprise psychological distress, physical illness and mental illness. The specific research objectives are: 1) To investigate the moderating effect of religiosity coping style on the relationship between stressors and psychological distress; 2) To investigate the moderating effect of religiosity coping style on the relationship between stressors and physical illness; 3) To investigate the moderating effect of religiosity coping style on the relationship between stressors and mental illness.

Methodology

This is a single cross-sectional study conducted at more than 10 PPVs (vaccination centers in the Klang Valley, Malaysia). A set of specially designed questionnaires was given to the volunteers at those centers. A total of 226 volunteers from 10 PPVs were selected using a convenience sampling technique. The instrument used in this study consists of five (5) sections; each of them was given a 21-item questionnaire to be filled out via the WhatsApp application. The items in the questionnaire were adopted from previous research using a 5-point Likert scale. The collected data were analyzed using statistical software, i.e., SPSS Version 26. Both descriptive statistics (like mean and standard deviation) and inferential statistics (including a hierarchical regression analysis) were used to test the hypotheses in the study.

Results

Based on the result of the descriptive analysis of the respondents' profile, there were 224 respondents who participated in this study where 48% were male volunteers whilst 52% were female. Majority of them aged between 35 and 44 years old (46.5%), followed by those aged between 25 and 34 years old (22.1%). The results of multiple regression analysis illustrated there is no significant influence of the interaction terms on physical illness. Therefore, it can be concluded that religiosity does not act as a moderator to influence the relationship between the stressors and physical illness among volunteers at PPVs. Besides, as a moderator, religiosity does not have any significant influence on psychological distress. The result also does not show any significant relationship between all the interaction terms and psychological distress among the volunteers at PPVs. On the other hand, religiosity interacts with knowledge & skills to significantly influence mental illness ($\beta=1.483, p<.05$). The finding shows that religiosity significantly moderates the relationship between knowledge & skills and mental illness.

Findings

The findings show that workload & environment and dealing with recipients are the significant stressors that lead to psychological distress. Furthermore, religiosity is found to moderate the effect of dealing with recipients on psychological distress. Regarding physical illness, workload & environment, dealing with recipients and knowledge & skills are the significant stressors that influence physical illness. In this relationship, religiosity does not act as a significant moderator. Pertaining to mental illness, workload & environment and dealing with recipients are found to be the significant stressors that contribute to mental illness. However, when religiosity was tested as a moderator, it was discovered that religiosity influences the relationship between knowledge & skills and mental illness. The findings confirm the significant role of religiosity as a coping strategy to address the influence of certain stressors and mental health.

The present study also provides evidence on the importance of religiosity in moderating the effect of lack of knowledge and skills on volunteers' mental health or specifically mental illness. When volunteers had a minimal amount of knowledge and skills, they would likely experience mental illness. In this case, religiosity is required to reduce the consequence of limited knowledge and skills on mental illness. Previous authors such as Malinakova et al. (2020); Saleem and Saleem (2017); Villani et al. (2019) and Kim-Prieto and Miller (2018), agreed that religiosity is the most appropriate mechanism to avoid individuals or in this case volunteers from experiencing mental illness.

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