

Correlation Between Spirituality Levels and Depression among First-Year Students in Health Science Programs

Dwi Rahmah Fitriani¹, Ulfa Dwi Asrianti¹, Ni Wayan Wiwin Asthiningsih¹

¹Faculty of Nursing, Universitas Muhammadiyah Kalimantan Timur, Indonesia

Correspondence author: Dwi Rahmah Fitriani

Email: drf397@umkt.ac.id

Address: Jl. Ir. H. Juanda No.15, Sidodadi, Samarinda Ulu, Samarinda, Kalimantan Timur 75124 Indonesia Telp. 081213526625

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ABSTRACT

Introduction: Depression is a common mental health issue among first-year university students, often resulting from the challenges of adapting to new academic and social environments. Spirituality is considered a protective factor that may help reduce symptoms of depression by promoting emotional resilience and a sense of meaning.

Objective: This study aimed to examine the relationship between spirituality levels and depression among first-year students enrolled in health study programs at Muhammadiyah Universitas Muhammadiyah Kalimantan Timur. Additionally, the study analyzed the distribution of spirituality and depression levels and explored demographic characteristics that may influence this relationship.

Methods: A descriptive correlational study with a quantitative approach was conducted using stratified random sampling. The sample consisted of 271 freshmen, determined using the Slovin formula. Data collection instruments included the Daily Spiritual Experience Scale (DSES) to assess spirituality levels and the Depression Anxiety Stress Scale (DASS-21) to measure depression. Data were analyzed using the Spearman rank correlation test.

Results: The analysis revealed a significant negative correlation between spirituality and depression ($p = 0.000$; $r = -0.406$), indicating that higher levels of spirituality were associated with lower levels of depression. The strength of the correlation was moderate.

Conclusion: The study found a significant negative correlation between spirituality and depression among freshmen in health-related study programs. Higher levels of spirituality were associated with lower levels of depression, highlighting the potential protective role of spiritual well-being in supporting student mental health.

Keywords: depression, first-year students, health study programs, mental health, spirituality

Introduction

Depression is a common mental health issue, particularly among first-year university students who face significant stressors while adjusting to new academic environments and social contexts (Setiawan et al, 2021). The World Health Organization identifies mental health challenges, including depression, as common among adolescents and young adults. Depression is characterized by persistent sadness, loss of interest or pleasure, guilt, low self-esteem, sleep disturbances, appetite changes, fatigue, and difficulty concentrating (Soumokil, Hermanto, & Hindradjat, 2022). Depression severity ranges from mild to very severe, with symptoms intensifying from temporary sadness to debilitating emotional and physical conditions, such as hopelessness, social withdrawal, and impaired daily functioning.

According to Health Law No. 23 of 1992, health encompasses physical, mental, and social well-being, enabling individuals to live productively. Mental health challenges in adolescence are especially concerning, as this life stage involves emotional instability and identity formation. The transition from secondary education to university often increases psychological strain due to new academic pressures and social expectations. Research by Smelter and Bare, cited in Yusuf & Yusuf (2020), indicates that while academic stress may enhance creativity and self-development if managed properly, excessive stress can lead to physical and psychological disorders, including depression.

Spirituality has emerged as a protective factor that can mitigate mental health problems. It encompasses values such as honesty, beauty, and inner peace, and is often expressed through religious or existential beliefs (Zarzycka & Zietek, 2019). Individuals with high levels of spirituality are better equipped to cope with stress and anxiety, as spirituality fosters emotional resilience, optimism, and a sense of purpose (Fahmi, Soekardjo, & Hasanah, 2022). Moreover, the use of religious spiritual support has been linked to higher self-esteem and lower levels of depression.

The relationship between mental health and physical well-being is also evident in psychosomatic disorders, where psychological conditions contribute to physical illness. Religion, through prescribed practices and beliefs, plays a critical role in encouraging individuals to maintain both mental and physical health. It teaches surrender to God and emphasizes acts of worship that promote holistic well-being (Saputra, 2020).

In the educational context, spirituality is a vital component of value-based education. Its absence may lead to ethical lapses and poor decision-making among students. Spirituality encourages morally grounded, ethical behavior, and contributes to the development of a healthy, purposeful academic life.

Given that recent studies report high levels of mental distress among health students, particularly during their early academic experiences and clinical training, further investigation is needed. These students, considered a national asset and future healthcare providers, often experience elevated stress and depression. This study aims to explore the relationship between spirituality and depression among freshmen in the Health Study Program at Muhammadiyah Universitas Muhammadiyah Kalimantan Timur, to provide insights into the role of spirituality in maintaining mental health in academic settings.

Objective

This study aimed to examine the relationship between spirituality levels and depression among first-year students enrolled in health study programs at Muhammadiyah Universitas Muhammadiyah Kalimantan Timur. Additionally, the study analyzed the distribution of spirituality and depression levels and explored demographic characteristics that may influence this relationship.

Method

This study employs a descriptive correlational research design, which involves observing and analyzing data to test hypotheses and describe the relationship between variables. According to Muri Yusuf, the primary aim of correlational research is to explain human behavior or predict outcomes by examining the associations between variables. Correlational studies, therefore, serve both explanatory and predictive purposes (Teguh, Wulan, & Juansah, 2023).

A cross-sectional approach was adopted in this study, allowing for the simultaneous measurement of the independent and dependent variables at a single point in time. This design is appropriate for identifying potential relationships between variables without manipulating them (Yunitasari, Triningsih, & Pradanie, 2020).

Population

The population in this study was identified as the initial step in determining the research sample. According to Waruwu (2024), a population includes not only people but also objects and other natural entities. It is not merely the number of subjects or objects under investigation but encompasses all the characteristics or attributes possessed by those subjects or objects.

The population of this study consisted of freshmen enrolled in the Health Study Program at Muhammadiyah Universitas Muhammadiyah Kalimantan Timur, totaling 836 individuals. This population included students from the following programs: 149 from the Bachelor of Nursing (S1), 122 from the Diploma in Nursing (D3), 84 from the Bachelor of Environmental Health (S1), 269 from the Bachelor of Public Health (S1), 162 from the Bachelor of Pharmacy (S1), and 50 from the Bachelor of Medicine (S1).

Sample

That the sample is part of the number and characteristics possessed by the population, so the number of samples taken must be able to represent the population in the study. The sample was taken because the researcher had limitations in conducting research in terms of time, energy, funds and a very large population. So the researcher must take a sample that is truly generalized (can represent). To determine the size of the sample taken from the population, the researcher used the Slovin formula (Machali, 2021) In writing this study, the researcher used a 95% confidence level and a maximum error of 5%. Data for samples of each stratum are as follows:

Table 1. Number of Samples Per Strata

Study program	Population	Calculation	Samples
S1 Nursing	149	$\frac{149}{901} \times 277$	48
D3 Nursing	122	$\frac{122}{901} \times 277$	40
S1 Environmental Health	84	$\frac{84}{901} \times 277$	27
S1 Public Health	269	$\frac{269}{901} \times 277$	87
S1 Pharmacy	162	$\frac{162}{901} \times 277$	53
S1 Medicine	50	$\frac{50}{901} \times 277$	16

Research Instruments

A research instrument is a tool used to measure observed natural or social phenomena. The quality of a research instrument is determined through validity and reliability tests. A validity test assesses how well the instrument measures what it is intended to measure, ensuring that research results are accurate and meaningful by minimizing potential errors. It reflects the relevance and appropriateness of the items in relation to the research objectives. A reliability test, on the other hand, examines the consistency of measurement across different respondents, indicating whether the instrument produces stable and consistent results and whether the items are clearly understood without leading to varied interpretations.

According to Amena et al. (2023), research instruments are tools or facilities that assist researchers in simplifying the data collection process and improving the quality of research outcomes. The purpose of using instruments in research is to obtain comprehensive data or information relevant to a specific issue or observed phenomenon. In this study, the researchers employed questionnaires as the primary instruments to assess the spirituality and depression levels of freshmen in the Health Study Program at Muhammadiyah Universitas Muhammadiyah Kalimantan Timur (UMKT).

Validity and Reliability Test

Validity refers to the degree to which a measuring instrument accurately and precisely performs its intended function. A test is considered to have high validity if it measures what it purports to measure, producing results that reflect the true condition or characteristics of the subject (Ramadhan, Siroj, & Afgani, 2024). Reliability, on the other hand, pertains to the consistency of measurement results. An instrument is considered reliable if it yields similar results upon repeated measurements with the same group under similar conditions.

To assess the spirituality variable, this study employed the Daily Spiritual Experience Scale (DSES) developed by Underwood (2006), which has been translated into Indonesian by Qomaruddin & Indrawati (2019). Because this is a standardized instrument, the researchers did not conduct a separate validity and reliability test. The English version has been validated by Khanna & Greyson (2014), demonstrating high validity with an r-count value of 0.88 and r-table ranging from 0.36 to 0.93, resulting in an overall score of 0.95 (Underwood & Teresi,

2002). In terms of reliability, Qomaruddin & Indrawati (2019) reported a high internal consistency with a Cronbach's alpha of 0.916.

To measure depression, the study used the Depression Anxiety and Stress Scale (DASS-21) developed by Lovibond & Lovibond (1995), translated into Indonesian by Kinanthi et al. (2020). This standardized instrument has also undergone several validity and reliability tests. Kinanthi et al. (2020) reported a reliability coefficient of 0.912 for the full scale and 0.853 for the depression subscale. Qothrun (2022) found the English version to be valid based on fit indices (RMSEA = 0.076, CFI = 0.961, TLI = 0.955, SRMR = 0.065), with concurrent validity supported by a positive correlation with DASS-21 dimensions. Onie et al. (2020) also confirmed good reliability (0.91 for the full scale and 0.794 for the depression subscale). Furthermore, Nada et al. (2022) reported reliability coefficients ranging from 0.850 to 0.923, indicating satisfactory consistency.

Data Analysis

Data analysis is the process of studying and processing data to identify patterns, relationships, and important information contained therein. The goal is to gain a deeper understanding of the data being analyzed and make decisions based on the information found. Data analysis is the process of systematically searching for and organizing data obtained from interviews, field notes, and documentation. This process is carried out by organizing data into categories, breaking it down into units, synthesizing it, organizing it into patterns, and so on.

Univariate and Bivariate Analysis

After processing the data, the next stage is the univariate and bivariate data analysis stage according to the research objectives. The data analysis design in this study uses univariate and bivariate analysis. Univariate analysis serves to summarize a collection of measurement data in such a way that the data collection turns into useful information. The summary can be in the form of statistics, tables, or graphs. In general, this analysis only produces the distribution and percentage of each variable. The purpose of this analysis is to explain or describe the characteristics of each variable studied.

This analysis aims to test whether the relationship between each independent variable The level of spirituality of freshmen in the health study program and the dependent variable of depression of freshmen in the Health study program. variables, the Spearman rank correlation test is the right test to use. The criteria for the level of relationship (strength of correlation) between variables ranges from 0 to 1 if accompanied by the direction of the value between -1 to +1, the following is the interpretation of the results of the correlation test based on the strength of the correlation statistically, the direction of the correlation with the p value. The interpretation criteria are:

1. 0.00 to 0.25 means: No relationship/weak relationship;
2. 0.26 to 0.50 means: Moderate relationship;
3. 0.51 to 0.75 means: Strong relationship;
4. 0.76 to 1.00 means: Very strong relationship.

Result

A total of 271 respondents participated in this study, primarily students enrolled at Universitas Muhammadiyah Kalimantan Timur (UMKT). The demographic characteristics, academic background, spirituality levels, perceived closeness to God, and depression status of the respondents are summarized in Table 2.

The sample consisted predominantly of females (81.2%) and individuals aged 18 years (69.4%). Most respondents identified as Muslim (98.9%) and were distributed across several health-related study programs, with the largest group in the Bachelor of Public Health program (32.1%). Regarding spirituality, 59.0% of respondents reported a high level, and nearly half perceived themselves as “close” or “very close” to God. The majority of participants (74.5%) exhibited normal depression levels, with smaller proportions experiencing mild to severe symptoms.

Detailed frequency distributions of these variables are presented in the following table.

Table 2. Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	51	18.8
	Female	220	81.2
Age	17 Years	18	6.6
	18 Years	188	69.4
	19 Years	56	20.7
	20 Years	7	2.6
	21 Years	2	0.7
Religion	Islam	268	98.9
	Christian Protestant	3	1.1
Study Program	S1 Nursing	48	17.7
	D3 Nursing	40	14.8
	S1 Environmental Health	27	10.0
	S1 Public Health	87	32.1
	S1 Pharmacy	53	19.6
	S1 Medicine	16	5.9
Spiritual Level	Medium	111	41.0
	High	160	59.0
Closeness to God	Quite Close	16	5.9
	Close	135	49.8
	Very Close	120	44.3
Depression Level	Normal	202	74.5
	Light	35	12.9
	Medium	30	11.1
	Heavy	4	1.5

The relationship between spirituality level and depression among freshmen enrolled in health-related study programs was analyzed using the Spearman’s rho correlation test. This non-parametric test was chosen due to the ordinal nature of the spirituality variable and the non-normal distribution of the depression scores. The results of the analysis are presented in Table 3.

Table 3. Analysis of the Relationship between Spiritual Level and Stress in Freshmens in the Health Study Program, Universitas Muhammadiyah Kalimantan Timur

Statistics	Level of Spirituality	Depression
Level of Spirituality Correlation Coefficient	1.000	-0.406
Sig. (2-tailed)	—	0.000
N	271	271
Depression Correlation Coefficient	-0.406	1.000
Sig. (2-tailed)	0.000	—
N	271	271

In the table above, we can see the results of statistical tests using the Spearman rank test, which showed that there was a significant relationship between the Level of Spirituality and Depression of Freshmen in the Health Study Program at the Muhammadiyah Universitas Muhammadiyah Kalimantan Timur, with a p-value of $0.000 < 0.05$, a correlation value of -406 indicating a negative direction with moderate correlation strength, which means that the higher the Level of Spirituality, the lower the Depression experienced by freshmen in the health study program.

Discussion

The study conducted by Hayunda (2019) found that 57.4% of students aged 17–21 years experienced depression. This finding suggests that early adulthood is a critical developmental period characterized by increased activity, productivity, and personal exploration. During this stage, individuals often pursue numerous goals and strive to assert their abilities. The developmental characteristics of early adulthood include building interpersonal relationships, exercising freedom, exploring values and lifestyles, and making independent decisions. Failure to achieve these developmental tasks can lead to psychological problems, including stress and depression.

Based on the current study involving 271 respondents, the majority of freshmen in the health study program at the Muhammadiyah Universitas Muhammadiyah Kalimantan Timur (UMKT) were within the 17–21 age range. This age group represents a vital phase marked by identity exploration and transition. Understanding their specific needs, challenges, and opportunities is essential, as this period can lay the foundation for future academic, social, and professional success.

Consistent with previous research by Sri Endriyani (2022), the findings show that female students (58.8%) experienced more mental health issues, including depression, than male students (41.2%). This disparity may be attributed to gender-based psychological sensitivity and societal expectations. Women are often perceived as more emotional and dependent, which can make them more vulnerable to internalizing stress. Conversely, societal norms encourage men to be strong, rational, and emotionally reserved. These differences influence how each gender experiences and expresses psychological distress. The researcher assumes that these sociocultural factors contribute to the higher prevalence of depression among female students.

From a spiritual perspective, Martina (2020) emphasized that in Christianity, spirituality serves to enliven and perfect one's faith. Biblical figures such as David, Job, and Ruth—despite their deep faith—experienced depression due to adverse circumstances. For instance, David, who faced intense persecution, expressed his anguish in the Psalms but ultimately reaffirmed his trust in God (Eka, 2022). According to the researcher's assumption, UMKT's religious diversity, which includes Islam and Christianity, fosters an environment of spiritual inclusivity. This interfaith atmosphere not only supports Islamic-based education but also encourages mutual respect and shared religious experiences, contributing positively to student well-being.

The study also found that the highest number of respondents were from the Public Health S1 program (87 respondents or 32.1%), followed by the Pharmacy S1 (53 respondents or 19.6%) and Nursing S1 (48 respondents or 17.7%). Research by Nurhidaya (2024) showed that 64.3% of Public Health students experienced depression, likely due to academic pressure, competition, and poor time management. Conversely, Herawati (2022) found that most first-semester Pharmacy students had normal depression levels, suggesting that they managed academic stress effectively. Similarly, Anwar (2022) reported that final-year Pharmacy students demonstrated a capacity to transform stress into motivation, which helped them manage and reduce depression levels.

Univariate analysis of this study revealed that a majority of respondents exhibited high levels of spirituality (160 respondents or 59.0%) and moderate spirituality (111 respondents or 41.0%). Responses to item 16 on the DSES, which assesses one's closeness to God, indicated that 49.8% felt "close" and 44.3% felt "very close." This aligns with research by Junaidin (2022), which demonstrated a significant relationship between high spirituality and happiness among university dormitory students ($r = 0.457$, $p = 0.001$). According to Mappiasse and Uwen (2020), spirituality is shaped by multiple factors, including religious beliefs, life experiences, social environment, and personal reflection. It encompasses not only religious rituals but also the individual's moral values, search for meaning, and connection to a higher power. High spiritual individuals are often more emotionally balanced and resilient when facing life's challenges. Community, family, and close friends, as well as personal meaning-making, are key contributors to spiritual development.

Regarding depression, most respondents in the current study exhibited normal levels (202 respondents or 74.5%), while 12.9% experienced mild depression, 11.4% moderate depression, and 1.5% severe depression. These findings are comparable to those of Andri (2019), who reported that 63.2% of students were in the normal range for depression, while 5% experienced severe depression. Christa (2024) highlighted that severe depression is a critical condition requiring immediate intervention, as it can hinder academic performance, lead to social isolation, and even result in suicidal ideation. According to the researcher's assumption, freshmen in health-related programs often face substantial stressors as they adjust to the academic and social environment. These stressors include academic pressure, high expectations, and changes in living conditions.

Bivariate analysis using the Spearman rank test revealed a significant negative correlation between spirituality and depression ($p = 0.000$; $r = -0.406$), indicating a moderate inverse relationship. This suggests that students with higher spirituality levels are less likely to experience depression. Of the 271 respondents, only one had low spirituality, while 110 had moderate and 160 had high spirituality. Depression levels were normal in 202 respondents, mild in 35, moderate in 30, and severe in 4. These results support findings by Daryanto (2022), who found that students with high spiritual health demonstrated significantly better mental health ($p < 0.001$). Similarly, research by Esa Nur (2019) found a

positive correlation between spirituality and mental health ($r = 0.353$, $p = 0.000$), indicating that spiritual practices contribute to emotional well-being.

In conclusion, the researcher assumes that spirituality plays a crucial role in protecting students from depression. Students with higher levels of spirituality are better equipped to manage emotional stress, navigate academic demands, and adapt to new environments. Spirituality serves as a source of internal strength, offering a sense of life purpose and hope that mitigates depression risk. In contrast, those with low spiritual engagement may lack effective coping mechanisms and support systems, increasing their vulnerability to mental health issues. Therefore, integrating spiritual development into student support programs may be an effective strategy for enhancing mental health among freshmen in health study programs at UMKT.

Conclusion

This study revealed a significant negative relationship between spirituality and depression among freshmen enrolled in health-related study programs at the Muhammadiyah Universitas Muhammadiyah Kalimantan Timur. Students with higher levels of spirituality tended to experience lower levels of depression, suggesting that spiritual well-being may serve as a protective factor for mental health in early academic life. The majority of participants were female, young adults, adherents of Islam, and primarily enrolled in public health-related programs. Most respondents demonstrated moderate to high levels of spirituality and were within the normal range for depression symptoms. These findings underscore the importance of incorporating spiritual dimensions into student mental health strategies and interventions.

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Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

Not applicable.

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