Conference Paper

# Religiosity and Resilience in First Year and Final Year of Medical Students

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**Abstract.**
This study intends to assess the level of religiosity and resilience of the first- and final-year medical students as well as the link between religiosity and resilience. In this study, it is hypothesized that religiosity and resilience differ between first-year and final-year medical students and that there is a positive relationship regarding both variables among first-year and final-year medical students. This study used the IIUM Religiosity Scale (IIUMRelS) created by Diana Mahudin, Noraini Noor, and Mariam Adawiah Dzulkifli (Mahudin et al., 2016) and the Resilience Scale developed by Bochaver et al, (2021) based on the idea from Connor and Davidson (2003). 195 medical students from South Sulawesi universities who met the requirements of being Muslim and aged between 18 and 25 were included in the study. Between first- and final-year students, the two research variables showed no statistically significant differences. Additionally, this research discovered a strong link between religiosity and resilience in first- and final-year medical students. According to the study's findings, religiosity positively correlated with resilience in both first- and final-year students of the medical study program, where it contributed to resilience by 24.8% for first-year students and 19.4% for final-year students.

**Keywords:** medical students, resilience, religiosity, first-year students, final-year students

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## 1. Introduction

The Higher Education Unit for Medical Education Providers defines medical students as students in medical education programs who participate in all academic and professional education processes to achieve medical competence [1]. They are required to have qualified skills to become doctors with capabilities in their field and can devote themselves to society in the future. The medical profession is a profession engaged in the health sector, where they are authorized to serve people who need their services [2]. This job requires them to always be in optimal conditions to serve their patients optimally. These circumstances have an unfavorable impact on doctors where Outhoff

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[3] explains that the medical profession has a higher tendency to experience depression than other populations.

Muhammad Razmi, et al., [4] in their research of 12,252 doctors in Australia found that 4,154 doctors experienced severe depression, and only 2,493 doctors had the initiative to seek professional help regarding what they were experiencing. According to Dahlin & Runeson [5], doctors and medical students have a higher tendency to experience psychological distress, depression, anxiety, and fatigue than other populations. These phenomena are caused by the stressors that they get from the long period of study and the high risk of getting the disease from the patients. This is the reason why medical students, as future doctors, are expected to have strong stress resistance. It is believed that when they become doctors, they can withstand the stressors that they will face in their professional careers.

Medical students frequently endure depression, stress, and anxiety. In their study, Melaku, et al., [6] discovered that stress was prevalent in 329 medical students, with a 52.4% frequency. This is consistent with a study of 1,363 medical students in Bangladesh, which found that 73% of them reported experiencing stress [7]. The frequency of stress among medical students was also reported to be 71.9% in Saudi Arabia, with men accounting for 64% and women for 77% [8].

Numerous studies on the stress endured by medical students have been conducted in Indonesia. In her study of medical students at the University of North Sumatra, Carolin [9] discovered that mild stress was experienced by 26.7% of all participants, making up 72.1% of the 90 medical students. In addition, a Lampung study with 242 medical students as participants discovered that 27 students reported high levels of stress, 131 students reported moderate levels, and 84 students reported low levels. Additionally, they discovered that first-year students frequently report feeling more stressed than fourth-year students [10]. Similar findings were observed at the University of Riau, where the percentage of first-year medical students who reported moderate stress was 57.7% [11]. Additionally, Ramadhan et al.'s (2019) study on the variations in anxiety levels between first-year and final-year medical students revealed that first-year students experienced more anxiety than their senior counterparts. This is a result of the several adaption procedures first-year students must successfully complete in order to enroll in the medical faculty. The two types of stressors that first-year students experience are internal and external. Internal influences include additional obligations, altered study routines, altered eating patterns, and altered sleeping patterns. External circumstances, such as a lower-than-expected test performance and a heavier study load.

However, another study conducted by Agusmar, et al., [13] showed a different matter, where they compared the stress levels among medical students in 2015 (final year) and 2018 (first year). According to the study's findings, stress was experienced by medical students in their last year at a rate of 87.5%, compared to 60% for those in their first year. At Alkhairaat University in Palu, a similar study was also carried out on first-year and final-year medical students. The findings revealed that final-year students had a higher propensity for depression than first-year students did. [14]. The high level of stress that is owned by final-year students is influenced by emotional factors and the lack of self-efficacy by the students [15], the number of exams that must be completed in lectures [12], and self-adaptation in working on their thesis [16].

Research conducted by Rahmayani, et al., [17] on 188 medical students by classifying the stressors owned by medical students into six groups, namely academic, teaching-learning relationships, interpersonal and intrapersonal relationships, desire and control, group activities, and social relations. This study indicates that the greatest stressor came from the academic group with 97 people (51.6%) experiencing severe stress, followed by interpersonal and intrapersonal relationship factors with severe stress experienced by 84 respondents (44.7%).

Stress can interfere with the performance of medical students in their studies. Nandamuri [18] explains that if students are not able to manage their stress well in their studies, this can have a bad influence on them in the future when they have entered the professional world. Moreover, it is said that when stress is felt excessively, it can cause physical and psychological disturbances for students. Amelia, et al., [19] in their research found that stress can harm physical and psychological conditions such as symptoms in physiological, cognitive, interpersonal relationships, and emotion. Furthermore, Sani, et al., [8] in their research also explained that stress on medical students can reduce concentration, make them less focused, reduce students' ability to establish positive relationships with patients, and interfere with their decision-making ability.

Resilience, which is defined as the capacity to cope with stress, is a necessary skill for medical students because of the stressors they currently experience as well as those they will deal with as doctors in the future. Resilience is a personality trait that aids people in growing in the face of difficulty and recovering from stressful, tragic, or traumatic experiences, according to Connor and Davidson [20], Bahryni, et al., [21] emphasized that when people are able to conquer their challenges, they gain strength from that experience. Therefore, a person's ability to overcome challenges is inversely correlated with their level of resilience [22].

There is a considerable relationship between resilience and a number of factors that support an ongoing process of learning, including happiness and life satisfaction, mental health, subjective well-being, and quality of life, according to various research on resilience in medical students. Additionally, among medical students, resilience has a little role as a mediator between stress and life happiness [23–27].

Medical students, compared to other populations of their age, have inadequate resilience capacities, negative coping, and excessive stress, according to a study by Rahimi, et al., [28]. Furthermore, Hanani's [29] study of 120 first-year medical students revealed that 64 (53.33%) of them exhibited low resilience. In contrast, Triyana [30] found that medical students at Sebelas Maret University who were working on their theses exhibited poor resilience but high levels of stress. In addition, Forycka, et al.,'s [31] study of 1,847 medical students in Poland during the Covid-19 pandemic revealed that the majority of their respondents had significant levels of burnout and poor levels of resilience. The results of this survey revealed that 72% of the population had low levels of resilience, with students in the first year (17.6%) and sixth year (9.1%) having the lowest levels.

Connor and Davidson [20] divided the resilience aspect into five parts. The first aspect is personal competence, in which a resilient individual is persistent and does not easily give up on his or her desires. If medical students have characteristics following this aspect, they can be determined to become a doctor, despite the stressors that they face in college. The second aspect is trust in instinct and tolerance for negative influences, in which resilient individuals can regulate emotions that are positive, persistent, and productive even in conditions full of stressors. If medical students have characteristics following this aspect, they can process their emotions well, be persistent in learning and be productive in lectures, regardless of all the stressors they get. They can maintain concentration, and be calm even in a situation that is not in their favor.

The third aspect is positive self-acceptance toward change and having secure relationships with others, where a resilient individual can adapt to perceived stress or change. For these individuals, the stressor is not a negative thing, but a challenge and an opportunity. Thus, the individual will be able to face the stressor directly and successfully overcome it. If medical students have characteristics following this aspect, they tend to have good adaptability to changes and new things in their studies. They can also establish good relationships with other people even though they are in the process of adapting to their environment. That way, they can carry out their academic activities and establish good relationships with their peers, seniors, and lecturers on campus.

The fourth aspect is self-control, in which a resilient individual can control himself in circumstances or situations that are not in favor of him. The individual is aware that things in this world sometimes don't go according to their expectations. This is because they tend to have a positive view of events that have occurred in their lives and always try to direct themselves to the goals that they have aimed for. If medical students have characteristics following this aspect, they tend to be able to control themselves when they are in a bad condition and will try to see the problems more positively and direct themselves to their goals. That way, they can more easily survive in their study with all the stressors that they have. The fifth aspect is spiritual, in which a resilient individual has faith in God and destiny. In this aspect, individuals tend to carry out various activities accompanied by the values of their beliefs. The practices and beliefs in God and his values enable the individual to overcome the stressors that come to him. This aspect explains that a resilient individual has the belief that everything that happens is decreed by the Almighty and the individual believes that his God has determined something bigger for him. If medical students have characteristics following this aspect, they will tend to carry out their studies accompanied by the values of the beliefs that they have. This makes them surrender to God regarding all the events that occur in college. That way, they tend to be more calm when going through the lecture process, regardless of all the problems that will or have befallen them.

On the spiritual aspect, Connor and Davidson [20] explained that a person's belief in God for everything that happens to him is an important thing to build an individual's resilient soul. Wahyuningsih [32] in her research explained that the concept of spirituality in the Indonesian context cannot be separated from the concept of religiosity. Based on this basis, this study uses one of the concepts of spirituality, namely religiosity. Pearce and Hayne [33] in their research explained that religiosity is a factor that has a role in shaping a person's resilience. Eubanks also added that the aspect of religiosity itself is an important factor in increasing an individual's ability to deal with difficulties such as trauma, divorce, physical disability, or job loss [34].

The beneficial association between religiosity and resilience has been explained by numerous studies. In their study of Muslim communities during the Covid-19 Pandemic, Arifiana and Ubaidillah [35] discovered that religiosity has a strong and favorable link with resilience. This is consistent with Saudi Arabian studies on breast cancer patients, which found a link between religiosity and resilience in those with the disease [36].

Being religious or having a strong religious conviction is what is meant by being religious. This is demonstrated through participating in regular worship, praying, and reading the holy book. The manifestations of religiosity can be seen in both outward

behaviors and inner, unseen behaviors that take place in different spheres of life [37]. In contrast to someone who claims to be religious but isn't sincere in their religious practices, Adeyemo and Adeleye argue that a person can only be considered religious when they practice their religion sincerely and purely [38]. As a result, it may be claimed that religious elements have a close relationship with religiosity.

According to Muhammad Quraish Shihab [39], an Islamic scholar, religion is a connection between the worshipper and those who are revered as the universe's creator. In addition, he emphasized that being a Muslim is a comprehensive way of life (al-din) that will subsequently mold the values and viewpoints of its adherents and impact their philosophies, practices, and speech. This is revealed in the Prophet Muhammad SAW's remarks [40] which clarify that *Islam* or the notion of *al-din* includes three essential components: *islam*, *iman*, and *ihsan*. *Islam* is a Muslim's obligation to live up to their religious obligations, which are represented by acts of worship including prayer, almsgiving, fasting, and pilgrimage. *Iman* stands for a Muslim's conviction that he or she believe in God, angels, prophets, holy books, the day of the resurrection, as well as decree and destiny. Lastly, *ihsan* is an interior realm where a person might worship Allah SWT more intensely [41].

Ibn Qayyim [42] explains that iman and trustworthiness (*Tawakal*) are mutually exclusive concepts. If a person lacks the ability to trust Allah (*Tawakal*), their practice of Islam, iman, and ihsan will remain incomplete and the inverse is also true. Being truthful to Allah is known as *tawakal*, which entails asking him for help in all situations, confiding in him, relying on him, having faith in him, and hoping to secure the necessities, including clothing, food, dates, and safety from enemies, as the prophets did.. In their study, Putri and Uyun [44] discovered that trustworthiness *(Tawakal)* has a favorable and significant connection with resilience among young students in Yogyakarta who memorize the Al-Quran. Furthermore, research from Habibah et al. [45] on flood survivor also noted that trustworthiness (*Tawakal*) and emotional intelligence have a big impact on resilience.

*Ihsan* is a form of flawlessness in one's devotion that is accompanied by a sincere (*ikhlas*) and truthful attitudes in carrying it out [46] In their research, Widyasari and Chizanah [47] found a link between the ikhlas, religion, and perseverance of working moms. Ikhlas is defined as a servant's sincere action carried out solely for Allah SWT [48]. This idea fits in with the fifth element of the resilience theories put out by Connor and Davidson [20] which states that people tend to live their daily lives in accordance with the morals they get from their religious convictions and their own destiny. By exercising and believing in God and his values, people can overcome the difficult situations or stressors they are currently facing.

Religiosity and resilience have a beneficial association, according to a number of earlier research. In their study on the Covid-19 Pandemic, Arifiana and Ubaidillah [35] looked at religiosity and resiliency in Indonesian Muslim society. Resilience showed an extremely significant and favorable connection with religiosity, with resilience r = 0.731, p = 0.000. Furthermore, according to a study on Saudi breast cancer patients, there is a link between religiosity and resiliency among those patients [36]. Additionally, Religiosity is responsible for 70% of the overall variations in resilience, according to a study on adult respondents. This finding suggests that religiosity has a high resistance to resilience when the variation is more than 70%. [34]. Given that religiosity is a way for people to express their spiritual needs, this further demonstrates the role that religiosity plays in helping people develop resilience.

The researchers came to the conclusion that medical students experience a variety of pressures that can hinder their academic performance in college based on the background information and some of the research data previously discussed. Both first-year and final-year medical students face the majority of the stress due to adaption considerations. Resilience, or the capacity to handle difficulties, are capable of, nevertheless, overcome these challenges. One of the many elements that can boost someone's capacity for resilience is their level of religiosty. *Islam*, *iman*, and *ihsan* are the three elements of religiosity that make up the Islamic concept of religiosity.

There hasn't been much research done on the religiosity and resiliency of first-year and fourth-year medical students. Researchers seek to look at the religiosity and resilience of first-year and final-year medical students in order to better understand the relationship between religiosity and resilience.The researcher developed the following research hypothesis using the prior background information.

1. The resiliency of first-year medical students and those in their last year differs.

2. The level of religiosity varies between first-year and fourth-year medical students.

3. Religiosity and toughness are positively correlated in first-year medical students.

4. Religiosity and resiliency are positively correlated in final-year medical students.

## 2. Research Methods

The search uses a quantitative technique. In this study's correlational investigation, resilience is the dependent variable while religiosity is the independent variable. The resilience measure employed in this study was based on the Connor-Davidson

Resilience measure (CD-RISC), which Bochaver reviewed [49]. There are 10 components on this scale, and each one is a separate factor. The IIUM Religiosity Scale (IIUMReIS), in contrast, consists of three components: Islam, iman, and ihsan. It was developed by Diana Mahudin, Noraini Noor, and Mariam Adawiah Dzulkifli [41].

There are 195 respondents who satisfied the criteria of being male or female, Muslim, between the ages of 18 and 25, and enrolled in the Faculty of Medicine at one of the institutions in the South Sulawesi region, underwent an instrument test. Different utilized measurement tools were put to the test by researchers, and the outcomes of those tests were also looked at and used as study data. To do statistical computations and data analysis for this investigation, Jeffreys' Amazing Statistics Program 0.16.4.0 (JASP) software was utilized. The researchers used JASP software to perform statistical tests such as the homoscedasticity test, normality test, linearity test, reliability test, and hypothesis testing. This study tested the idea using two alternative methodologies. It comprises of a Pearson's Correlation Test to look at the relationship between religiosity and resilience between first-year and final-year medical students, as well as an Independent Sample T-Test to compare the two variables between first-year and final-year medical students.

## 3. Results and Discussion

The study's eligibility requirements were Muslim students from the Faculty of Medicine who were between the ages of 17 and 25. Based on the age of the subjects, the distribution of subject data in this study was followed mostly by subjects aged 19 by 73 people, aged 18 by 57 people, aged 29 by 34 people, aged 21 years by 9 people, and aged 17 years and 22 years by 3 people. The distribution of the study's subject data based on gender is shown in the table below.

TABLE 1: Description of Research Subjects Based on Gender.

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Man | 41 | 21% |
| Woman | 154 | 79% |
| TOTAL | 195 | 100 % |

The table above shows that the total of the subjects in this study is 195 people consisting of 41 men (21%) and 154 women (79%). The subjects in this study will be divided into two groups, namely first-year students and final-year students (Students that are currently working on their thesis). The distribution of the study's subject data based on the year of study is shown in the table below.

TABLE 2: Description of Research Subjects Based on Year of Study.

| Level | Frequency | Percentage |
|---|---|---|
| First Year | 136 | 70% |
| Final Year | 59 | 30% |
| TOTAL | 195 | 100 % |

Based on the table above, there are 136 first-year students with a percentage of 70%. While final-year students (currently working on their thesis) are 59 people with a percentage of 30%.

TABLE 3: Resilience Frequency Distribution of First Year and Final Year of Medical Students.

| Resilience Level | First Year | Percentage | Final Year | Percentage |
|---|---|---|---|---|
| Low | 0 | 0 | 1 | 2% |
| Average | 40 | 29% | 23 | 39% |
| High | 96 | 71% | 35 | 59% |
| Total | 136 | 100% | 59 | 100% |

The table above shows the categorization of resilience variables among medical students in their first-year and final-year. According to the table, most of the first-year medical students—96 (71%) of them—possess high levels of resilience, and most of final-year medical students—35 (59%)—also possess a high level of resilience.

TABLE 4: Religiosity Frequency Distribution of First Year and Final Year of Medical Students.

| Religiosity Level | First Year | Percentage | Final Year | Percentage |
|---|---|---|---|---|
| Low | 0 | 0 | 0 | 0 |
| Average | 23 | 17% | 10 | 17% |
| High | 113 | 83% | 49 | 83% |
| Total | 136 | 100% | 59 | 100% |

The table above shows the categorization of religiosity variables among medical students in their first-year and final-year. The table reveals that most of first-year medical students—113 (83%) students—have high levels of religiosity, and most of medical students in their final-years—49 (83%) students—also have high levels of religiosity.

TABLE 5: Independent Sample T-Test.

| First Year and Final Year of Medical Students | t | df | p |
|---|---|---|---|
| Resilience | 1,662 | 193 | 0,098 |
| Religiosity | 1,656 | 193 | 0,099 |

In accordance with the findings of the independent sample t-test, it was discovered that the religiosity variable had a test score of 1,656 and a significance score of 0.099,

while the resilience variable had a test score of 1,662 and a significance score of 0.098. This demonstrates that there are no significant differences in the two research variables between first-year and final-year students, where resilience and religiosity score are quite high in both subject groups.
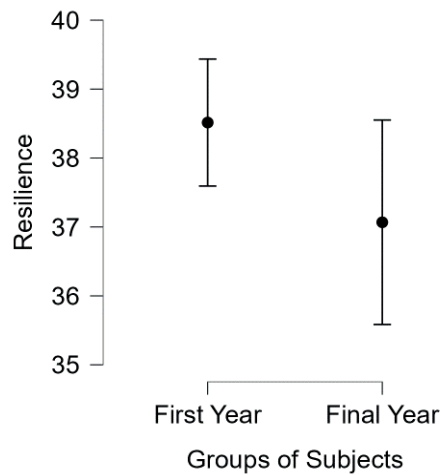


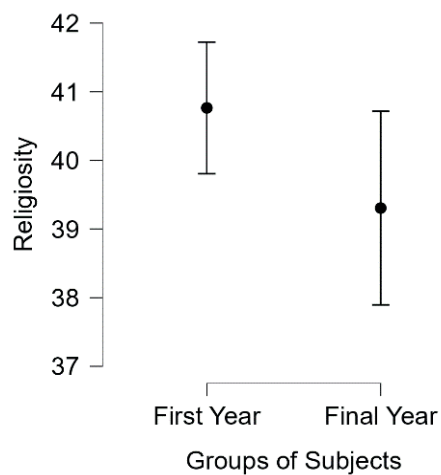**Figure** 1: Resilience Interval Plots of Mean Distribution.



**Figure** 2: Religiosity Interval Plots of Mean Distribution.

However, from the two graphs above, it can be seen that first-year students tend to have a higher level of resilience and religiosity compared with final-year students. This is in line with the research conducted by Andriani and Listiyandini [50] explaining that first-year level students tend to have high resilience. The study also explained that students who had resilience in the low category amounted to 1 person (0.56%), 56 people (31.64%) in the medium category, and 120 people (67.80%) in the high category. Moreover, Agustin and Handayani [51] in their research related to learning independence and the resilience

of first-year students in mathematics education during the Covid-19 Pandemic also found that most first-year students had good resilience. This was explained in their research which showed that 12 students (19.67%) were in the fairly good category of resilience, 43 students (70.49%) were in the good category of resilience, and 6 students (9.84%) were in the very good category of resilience.

The graph above also demonstrates how the first-year students' strong levels of resilience are followed by their significant levels of religiosity. On the other hand, the final-year students' lack of resilience followed by a lack of religiosity. One of the elements that can impact a person's resilience is their level of religiosity. There is a substantial correlation between religiosity and academic resilience in students participating in online learning, according to Miladiah [52], who conducted research on the impact of religiosity on the resilience of students throughout the Covid-19 pandemic. According to Ruswahyuni and Afiatin religion can make a person more sincere (*ikhlas*), patient, and optimistic. This can help them to get out of depression, stress, and the bad experiences they are feeling. According to Annalakshmi and Abeer [53] who conducted study on the Muslim population in the nation of India, someone who consistently prays is someone who is strong throughout their lives. In addition, religiosity can also be used as a form of coping for students with the stressors that exist in their lives, where students will act and think morally in every circumstance in accordance with their beliefs. Students who have high faith in their god and carry out their obligations as people of their god tend to survive in difficult situations, such as lectures in university [52].

Another factor why first-year students have a higher level of religiosity than final-year students are that the first-year students from the university where this research has been conducted get a program in the form of training where students will carry out various kinds of activities related to religion for 30 days in a boarding school (*Pesantren*) with the aim to increase basic knowledge of Islam, growing awareness of morality, and forming an Islamic mindset [54].

TABLE 6: Correlation Test.

| Resilience and Religiosity | r | p | $r^2$ |
|---|---|---|---|
| First Year | 0.498 | < 0,001 | 0.248 |
| Final Year | 0.450 | < 0,001 | 0.194 |

Based on the table above, there is a significant relationship between religiosity and resilience in first-year medical students with r = 0.498 with a significance <0.001. The data also shows the value of "$r^2$" of 0.248 which means that religiosity can describe resilience in first-year students by 24.8% and the other 75.2% is influenced by factors

not examined in this study. Whereas in final-year students, there is also a significant relationship between religiosity on resilience with r = 0.441 with a significance <0.001. The data also shows the value of "$r^2$" of 0.194, which means that religiosity can describe resilience in final-year students by 19.4% and the other 80.6% is influenced by factors not examined in this study.

There are several studies that are in line with the results obtained in this study, such as research conducted on students in the Covid-19 pandemic era which states that there is an influence of religiosity on resilience with coping stress as a mediator [55]. In addition, research conducted on Sultan Agung University students stated that there was a very significant relationship between religiosity and resilience in Southeast Sulawesi students at Sultan Agung University [56]. Furthermore, research conducted on students who are preparing their thesis states that there is a significant relationship between religiosity and resilience to stress where the higher the religiosity and resilience, the lower the stress level that students have [57].

According to Naufaliasari and Andriani [58] ], one internal component that has the biggest impact on a person's level of resilience is their level of religiosity. They further stated that one way to help a person feel peaceful while he is having issues in life is to increase the frequency of worshiping God and praying to him. Additionally, people can give more of themselves to their god in order to develop optimistic attitudes and thoughts about the future. According to Annalakshmi and Abeer [53] ], people who regularly participate in worship are those who are resilient in daily life. In the Islamic perspective, sincerity as a servant to God is sometimes referred to as *ikhlas*, and *ikhlas* has a positive relationship with resilience. A servant's resilience will increase in proportion to how strong his *ikhlas* is toward his god [48,59].

Several ways can be done by medical students to increase their level of religiosity, such as increasing their belief in Allah, increasing the frequency of worship, increasing their appreciation of religion, being in accordance with religious values, reading the Quran, following Islamic studies, getting used to carrying out daily worship and joined the Islamic boarding school program [60,61]. These activities need to be done in order to increase their level of resilience, where medical students who have good resilience will be able to undergo their studies productively.

## 4. Conclusion

This study reveals that there is no significant difference in the level of resilience and religiosity between first-year students and final-year students of medical study programs,

where resilience and religiosity in both subject groups are high. However, this study found a positive relationship between religiosity and resilience in first-year and final-year students of medical study programs. This explains that the level of religiosity can affect the level of resilience in both subject groups.

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