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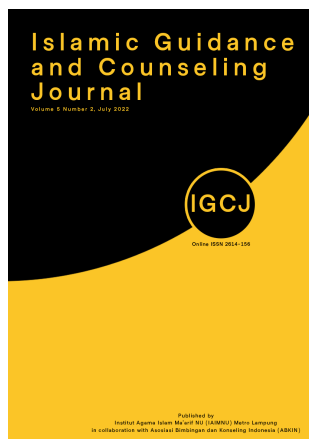
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A Study on Muslim University Students in Indonesia: The Mediating Role of Resilience in the Effects of Religiosity, Social Support, Self-Efficacy on Subjective Well-being

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Abstract

Subjective well-being is an essential aspect of mental health in both religious and non-religious communities. Globally, the majority of prior studies on the relationship between religiosity and subjective well-being have been conducted on English-speaking, Western, and Christian populations. This large-scale study is expected to complement and balance previous research by detailing the important role of resilience as a mediator in the relationship between religiosity, social support, and self-efficacy on subjective well-being based on a sample of Indonesians, the world's largest Muslim population. The data collection used adaptations of standardized scales, namely the Positive and Negative Affect Schedule (PANAS) and Satisfaction with Life Scale (SWLS) to measure subjective well-being, the Resilience Evaluation Scale (RES) for resiliency, the Centrality of Religiosity Scale (CRS) for religiosity, the Multidimensional Scale of Perceived Social Support (MSPSS) for social support, and the General Self-efficacy Scale (GSES) for self-efficacy. The responses were obtained from a convenience sample of 1,640 Muslim undergraduate students. This study's findings suggest that self-efficacy, social support, and religiosity influence resilience. Subjective well-being is directly affected by religion, social support, self-efficacy, and resilience. The association between self-efficacy, social support, self-religion, and subjective well-being is mediated by resilience. Resilience partially mediates the relationship between religiosity, social support, and self-efficacy with subjective well-being. This research has practical implications for the practice of Islamic guidance and counseling, notably the use of religion to build resilience, for instance, through a more positive reading of difficulties as God's gift for personal growth.

INTRODUCTION

A large-scale study by Borualago and Casas (2021) on 14,576 fourth- and sixth-grade elementary school students in West Java reported that children concerned about their family's financial position tended to claim low subjective well-being. However, the researchers also reported that many of the students were happy despite not wearing proper clothes or shoes.

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Differences in the meaning of similar life experiences experienced by different individuals arise due to each individual's subjective well-being.

Diener (Ng et al., 2021) ranks among those who have sought to promote scientific studies on this subject and equated subjective well-being with happiness. This study seeks to further develop and introduce a new wave in measurement and research on happiness (Oman, 2021). Diener and Suh (1997) stated that satisfied and happy individuals are said to have high subjective well-being. Diener (1984) also outlined three important points in subjective well-being. First, evaluation is conducted affectively (feelings) and cognitively (evaluation of life satisfaction). Second, evaluation is carried out subjectively, depending on individual judgment. Third, affective evaluation measures the absence of negative affect and the presence of positive affect.

A survey by Peltzer et al. (2017) of 4,675 students from 6 ASEAN (Association of South East Asian Nations) member countries found that 6.9% of the 231 Indonesian students who participated claimed to have had suicidal intentions (the lowest among the six countries, namely 11.7%), while 3% of the students claimed to have attempted suicide (above the average of the six countries, namely 2.4%). This demonstrated that some of the students had low subjective well-being and wanted to end their lives.

Regarding depression in Indonesian students, Tuasikal and Retnowati (2019) reported that 60 out of 113 students who admitted to experiencing depression could be categorized as experiencing moderate to severe depression. Meanwhile, Apande et al. (2021) found that 51.1% of 47 final-year students who claimed to experience stress during the pandemic were classified as experiencing moderate to severe stress.

Students with low subjective well-being will have difficulty fulfilling their roles as students. They will also find it difficult to manage emotions. According to Lazić et al. (2021), individuals with low subjective well-being will find it difficult to regulate emotions; students with low subjective well-being will therefore fall into negative behavior.

A factor that influences subjective well-being is religiosity, which is a condition within an individual that motivates him to behave and act in line with the teachings of his religion (Bukhori et al., 2017). The positive impact of religiosity on individual well-being has been reported to apply equally to Muslim and non-Muslim student groups (Lianda & Himawan, 2022). This finding supports the idea of religion's universal and adaptive role for individuals who experience stress or face social stigma.

Previous research has reported that the correlation pattern between religiosity and subjective well-being is complex and may vary depending on the measurement method used and the demographic profile of the participants (Abdel-Khalek & Lester, 2018; Yeniaras & Akarsu, 2017). While some studies have reported negative or no correlations (Lewis, 2002; Nicholas, 2020; O'Connor et al., 2003), others have warned that the correlation pattern is non-linear or quadratic (Mochon et al., 2011) and can vary across dimensions (Yeniaras & Akarsu, 2017). In line with this, Daulay et al. (2022) reported that religiosity can impact individual well-being.

Another factor that affects subjective well-being is social support. The social support that individuals receive can ease the burden of the problems they face and can help them to manage their emotions to improve their subjective well-being (Kristofora & Hendriati, 2021). Social support comes from three sources: friends, family, and significant others (Zimet et al., 1988). Many studies have found a positive relationship between social support and subjective well-being (Assingkily & Sit, 2020; Hasibuan et al., 2018; Koamesah et al., 2022; Maslihah, 2017).

In line with these findings, Komarudin et al. (2022) reported a positive correlation between social support and happiness. Arikhah et al. (2022) showed that social support is an important component in generating gratitude and plays a key role in determining the extent to which a person feels whole and happy (well-being). This indicates that positive and mutually

supportive social relations are a source of gratitude, encouraging a person to maintain goodness. Nurmalita et al. (2021) reported that the positive contribution of subjective well-being to student engagement could increase to more than 45% if accompanied by high social support and self-efficacy.

Self-efficacy, or an individual's belief in their ability to complete certain tasks, strongly predicts individual subjective well-being (Agustin & Afriyeni, 2016). Research by Mudzkiyyah (2022) also revealed that peer attachment and academic self-efficacy significantly influence well-being. Many studies have confirmed a positive correlation between self-efficacy and subjective well-being (Agustin & Afriyeni, 2016; Alfinuha & Nuqul, 2017; Santos et al., 2014). A meta-analysis also revealed that self-efficacy is positively correlated with resilience (Utami, 2017).

Another factor that affects subjective well-being is resilience, which is an individual's ability, mentally or emotionally, to overcome problems and pressures and thus return to their initial state from before the problem befell them (de Terte & Stephens, 2014). Saputro and Nashori (2017) stated that resilience is a protective factor that can safeguard individuals' subjective well-being. Research by Sagone and Caroli (2013) and Turner et al. (2017) demonstrated that while the correlation pattern between subjective well-being and resilience varies, they are significantly positively correlated.

In addition to its role in influencing subjective well-being, resilience is in turn affected by variables related to subjective well-being, including religiosity (Pargament & Cumming, 2002; Prasetyo, 2016). This is reinforced by the results of research by Rofatina, et al. (2016) and Schwalm et al. (2022) showing that religiosity is positively correlated with resilience. Religiosity gives individuals hope when faced with various life problems and challenges.

Resilience is closely related to social support. With social support, individuals will feel comfortable increasing their positive attitude toward themselves. In addition, with social support, a person will be able to adjust well when facing problems (Maisyarah, 2015). Social support also increases the ability to adapt to new conditions (Zhang et al., 2021). Research by Bukhori et al. (2017), Furqoni and Mufidah (2019), and Koamesah et al. (2022) confirmed the positive correlation between social support and resilience.

Resilience is also influenced by self-efficacy. Sagone and Caroli (2014) explained that resilience positively correlates with self-efficacy. Adolescents with high self-efficacy tend to think they can solve problems, making them more resilient. This was later reinforced by Kuang et al. (2021) and Tsibidaki (2021), who showed that people with high resilience also tend to have high self-efficacy. Selian et al. (2022) supported the statement that an individual's belief that they are capable (self-efficacy) can encourage them to rise from adversity and trauma (become resilient). In addition, a meta-analysis by Utami (2017) showed that self-efficacy positively correlates with resilience. Aside from self-efficacy being an independent variable, Mufidah (2017) showed that self-efficacy is a mediating variable in the relationship between social support and resilience.

Based on the description above, it can be understood that variations in subjective well-being can be caused by variations in the strength of religiosity, social support, and self-efficacy. In addition, the level of variation in resilience affects variations in subjective well-being. Alongside its pure influence, resilience mediates the influence of religiosity, social support, and self-efficacy on subjective well-being. This means that religiosity and social support affect subjective well-being through resilience, either directly or indirectly.

The Rationale of current Study

The provision of psychological services, including guidance and counseling, requires attention to the client's religiosity. In their research on Arab Muslim groups, Abdel-Khalek and Lesler (2018) reported much empirical evidence that serves as counterbalancing information

about the relationship between religiosity and subjective well-being, studies on which are generally conducted among English-speaking, Christian, Anglo-Saxon, and Western groups. The research confirmed the important role that religiosity plays in individuals' subjective well-being, including in Arab samples that are predominantly Muslim. The research confirmed that Islamic beliefs and practices make many positive contributions when integrated into the psychotherapy process for Muslim students. This research aims to follow up on this by conducting a large-scale study (more than 1,000 participants) on a sample from Indonesia as the country with the world's largest Muslim population.

This research seeks to overcome the shortcomings of previous studies. It has advantages in terms of the completeness of the variables used (social support, self-efficacy, and resilience). In terms of data analysis, this study continues previous good practices that involve technical mediator analysis in testing the relationship between variables (Galindo-Domínguez et al., 2020; Sarrionandia et al., 2018). Most prior studies examining subjective well-being sought only to determine the existence of a direct effect of the independent variable on the dependent variable (subjective well-being) and did not test many indirect effects, for example, through other variables that can function as mediator variables (de Terte & Stephens, 2014; Saputro & Nashori, 2017; Turner et al., 2017).

This study, in contrast, aims to simultaneously test the direct and indirect effects of each variable. Therefore, the researcher intends to simultaneously examine the effect of religiosity, social support, and self-efficacy on students' subjective well-being behavior directly or indirectly (through resilience). While resilience, religiosity, and self-efficacy represent internal factors, social support represents the external factors that affect students' subjective well-being.

In Indonesia, few studies have examined resilience as a mediator of well-being. In addition, the independent variables have not been tested simultaneously. Previous research also generally only examined the role or direct effect of one independent variable, for example, assertiveness (Putri, 2016), problematic internet use (Putri & Wahyudi, 2022), or academic resilience (Alawiyah & Purnamaningsih, 2021) on subjective well-being. As such, relatively few studies have examined the indirect effect of a variable on subjective well-being through other variables (for example, by treating them as mediators). Prior studies have rarely examined the role of resilience as a mediator in the relationship between the many predictors of students' subjective well-being. Other mediators have been used, however; for example, adaptive coping (Tiyas & Utami, 2021) or internet addiction (Alawiyah & Purnamaningsih, 2021).

Hypotheses

The hypotheses proposed in this study include: 1) Religiosity positively affects subjective well-being. Resilience mediates the relationship between religiosity and subjective well-being; 2) Social support has a positive effect on subjective well-being. Resilience mediates the relationship between social support and subjective well-being; 3) Self-efficacy positively affects subjective well-being. Resilience mediates the relationship between self-efficacy and subjective well-being.

METHODS

Research Design

This study is quantitative research, with the main focus being subjective well-being, which is also the dependent variable, while the independent variables are religiosity, social support, and self-efficacy. The relationship between the independent and dependent variables is mediated by resilience, which also functions as the dependent variable for the three independent variables and simultaneously as the independent variable for subjective well-being.

Population and Sample Size

The population in this study comprised Muslim students throughout Indonesia. The criteria for selecting subjects as research samples were first-semester students to thirteen semesters, aged between 18 and 25 years.

Sampling consisted of non-random techniques in the form of convenience sampling. This technique was chosen as the research was conducted during the Covid-19 pandemic and the territory of Indonesia is so large that it was difficult to select samples using probability sampling. The sampling steps were as follows: The researchers distributed the research scale using Google Forms to colleagues throughout Indonesia, either directly or through social media. From this step, 1,763 respondents were obtained. Filtering for subjects aged between 18 and 28 years resulted in 1,640 eligible respondents who were Muslim. This age range was chosen because most students are at least 18 years old and seven years is the maximum duration of an undergraduate degree.

Instrument and Measure

The psychological scale method was used for the data collection in this study. The respondents were asked to complete several scales based on their actual condition. A total of five scales were used in this study: a subjective well-being scale, resilience scale, religiosity scale, social support scale, and self-efficacy scale. These were adapted from English scales and were thus translated. The steps taken during the translation process included (1) forward translation, (2) synthesis translation, (3) back translation, (4) expert judgment, and (5) readability test (Beaton et al., 2000; Hernández et al., 2020).

Subjective well-being scale

Subjective well-being in this study was measured using the Positive and Negative Affect Schedule (PANAS) and the Satisfaction with Life Scale (SWLS). With subjective well-being measurement tools, each dimension can be treated as a separate construct (Akhtar, 2019). However, certain studies have suggested treating subjective well-being as a unidimensional construct (Lazić et al., 2021). This study measured subjective well-being by combining the affective dimension (positive and negative) and the cognitive dimension (life satisfaction). The researcher also opted to combine the standardized scores (z scores) from PANAS and SWLS to obtain a more complete picture while maintaining simplicity.

The PANAS scale was developed by Watson et al. (1988) and translated into Bahasa Indonesia by Akhtar (2019) to measure the positive and negative effects on individuals. It consists of 20 items, ten for measuring the positive effect and ten for measuring the negative effect. The items comprised a single adjective to describe the subject's feelings and were rated on a 5-point scale (1 = seldom, 5 = almost always). In this study, the PANAS scale has a reliability of .87, which is categorized as high reliability ($\alpha > .8$). The items on the PANAS scale have a discrimination power that moves from .13 to .60, meaning they are generally categorized as items with high discrimination power ($\text{rix} > .3$). Items on the PANAS scale include "interested"; "ashamed."

The SWLS was developed by Diener et al. (1985) and translated into Indonesian by Akhtar (2019) to measure life satisfaction. This scale consists of five items in the form of statements describing an individual's life assessment. Items were rated on a 5-point scale (1 = very unsuitable, 5 = very suitable) and include "I am satisfied with my life"; "The conditions of my life are excellent." The items in this measurement instrument have a discrimination power of between .35 and .61; on average, this falls within the category of items with high discrimination power ($\text{rix} > .3$). Meanwhile, the instrument can be deemed reliable, with a coefficient of .74.

Religiosity Scale

Religiosity in this study was measured using the Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012), which measures religiosity as a combination of the dimensions of experience, ideology, intellect, private practice, and public practice. The scale consists of 16 items, with each dimension consisting of three items and one further item added as a condition that the instrument can be used to measure the religiosity of different religions. The items on this scale were rated on a 5-point scale (1 = not at all, 5 = very often). Items on the religiosity scale read “How often do you think about religious issues?”; “How often do you pray spontaneously when inspired by daily situations?”

The items on this measuring instrument have a discrimination power of between .20 and .63, which, on average, falls within the category of items with high discrimination power ($\alpha > .3$). One item had a discrimination power below .25 and was therefore eliminated. Meanwhile, this measuring instrument is reliable with a coefficient of .83, which is included in the high-reliability category ($\alpha > .8$); it can thus be concluded that it has good psychometric properties.

Social Support Scale

Social support in this study was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) compiled by Zimet et al. (1988). MSPSS was developed to provide subjective assessments of social support from friends, family, and significant others and consists of 24 items rated using a 7-point scale (1 = strongly disagree, 7 = strongly agree). This instrument's items have a discrimination power that varies between .51 and .69, and all items are classified as items with high discrimination power ($\alpha > .3$). Meanwhile, the instrument has reliability with a coefficient of .90, which is included in the very high-reliability category ($\alpha > .9$); it therefore has good psychometric properties. Items on the MSPSS scale read, among others, “My family really tries to help me”; “I have friends with whom I can share my joys and sorrows.”

Self-efficacy Scale

Self-efficacy was measured using the General Self-efficacy Scale (GSES) developed by Schwarzer and Jerusalem (1995) and translated into Indonesian by Novrianto et al., (2019). The scale consists of ten items rated on a 4-point scale (1 = very unsuitable, 4 = very suitable). The items on this measuring instrument have a discrimination power of between .43 and .67, with all items categorized as having high discrimination power ($\alpha > .3$). Meanwhile, this measuring instrument is reliable with a coefficient of .87, which falls within the high-reliability category ($\alpha > .8$); it can thus be concluded that it has good psychometric properties. Items on the self-efficacy scale (GSES) read, among others, “I can always manage to solve problems if I try hard enough”; “If I am in trouble, I can usually think of a solution.”

Resilience Scale

Resilience was measured using the Resilience Evaluation Scale (RES) developed by van der Meer et al. (2018). The scale consists of nine items with a 5-point rating (0 = strongly disagree, 4 = strongly agree). The items in this instrument have a discrimination power that ranges between .59 and .73, and all items are classified as having high discrimination power ($\alpha > .3$). Meanwhile, the measuring instrument has reliability with a coefficient of .89, which is included in the high-reliability category ($\alpha > .8$); it can thus be deemed to have good psychometric properties. The items on the RES include, among others, “I have confidence in myself”; “I believe in myself.”

Table 1. Respondent Demographic Data

Respondent Demographics	N	Percentage
Gender		
Male	292	17.8 %
Female	1348	82.2 %
Age (Years)		
18-20	1212	73.9 %
21-23	389	23.7 %
24-25	39	2.4 %
Campus Type		
Religion	1265	77.1 %
General	375	22.9 %
Campus Status		
State	1255	76.5 %
Private	385	23.5 %
Major		
Social	1220	74.4 %
Science	420	25.6 %
Semester		
1-2	420	25.6 %
3-4	432	26.3 %
5-6	522	31.8 %
7-8	164	10.0 %
>8	102	6.2 %
Domicile		
Village	623	38.0 %
Small Town	441	26.9 %
Big City	576	35.1 %
Type of Residence		
Boarding House	167	10.2 %
Boarding School	200	12.2 %
House	1273	77.6 %
Province of Domicile		
Central Java	863	52.6%
East Java	176	10.7%
West Java	108	6.6%
South Sulawesi	80	4.9%
Lampung	69	4.2%
South Sumatra	67	4.1%
Riau	46	2.8%
DI Yogyakarta	42	2.6%
Banten	31	1.9%
DKI Jakarta	27	1.6%
Aceh	17	1.0%
Bangka Belitung	17	1.0%
North Sumatra	17	1.0%
West Sumatra	11	0.7%
Southeast Sulawesi	10	0.6%
Others	59	3.6%

Research Procedure

The research procedure comprised several stages, including research preparation, implementation, and data processing. In the first stage, the researchers prepared the measuring instruments; these included the subjective well-being measuring instrument adapted from the PANAS and SWLS, the religiosity measuring instrument adapted from the CRS, a social support measurement tool using MSPSS, a self-efficacy scale using the GSES, and resilience

Table 2. Pathway Regression Analysis a

	Path	Est	Std. Err	P(> z)	ci. lower	ci.upper	Std.all
Religiosity	(a11)	.138	.016	< .001	.104	.170	.172
Social Support	(a12)	.077	.009	< .001	.060	.095	.177
Self-efficacy	(a13)	.724	.026	< .001	.675	.775	.566

Note: Dependent variable = Resilience

Table 3. Pathway Regression Analysis b and c

	Pathway	Est	Std.Err	P(> z)	ci.lower	ci.upper	Std.all
Resilience	(b11)	.092	.01	< .001	.072	.112	.271
Religiosity	(c11)	.014	.006	.026	.002	.026	.051
Social Support	(c12)	.043	.003	< .001	.036	.05	.293
Self-efficacy	(c13)	.075	.013	< .001	.049	.1	.173

Note: Dependent variable = Subjective well-being

Table 4. Indirect Effect of Independent Variables on the Dependent Variable

	Est	Std.Err	P(> z)	ci. lower	ci. upper	Std. all
Religiosity	.013	.002	< .001	.009	.017	.047
Social Support	.007	.001	< .001	.005	.009	.048
Self-efficacy	.065	.008	< .001	.051	.082	.154

measurement using the RES. Permission was obtained to use every instrument, and all have been translated into Indonesian. Furthermore, the research team requested permission to collect data in accordance with research ethics and received ethical approval from the Medical and Health Research Ethics Committee (MHREC), Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada – Dr. Sardjito General Hospital with number KE/FK/1293/EC/2021.

For the second stage, the researcher commenced the study during the period December 5, 2021, to January 17, 2022, by distributing questionnaires online to students via Google Forms. Each student participating in the study received the five research scales and a demographic data questionnaire. The researcher had previously requested the students' consent to participate in the study voluntarily by signing a consent form. The collected data were then taken forward to the third stage of the research, which was data processing. Here, the data were downloaded and cleaned using Microsoft Excel 365 software, after which they were analyzed using SPSS version 23.0 for Windows.

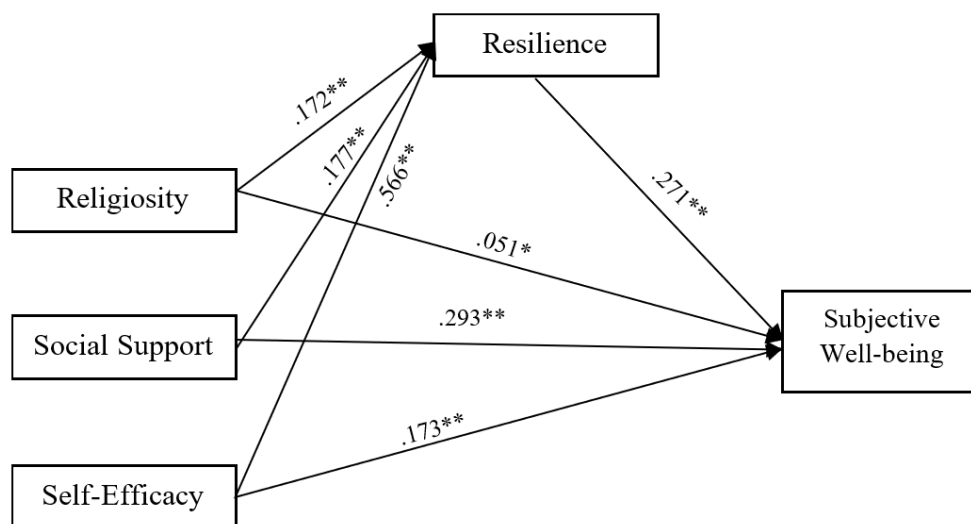
Data Analysis

This study used the path analysis statistical method to analyze the data (Pedhazur, 1982). This technique was chosen to determine whether the independent variable exerted a direct influence on the dependent variable. It was also used to determine whether any intervening variables exerted an indirect effect. These, namely the intermediate variables, mediate the relationship between the independent and dependent variables.

RESULTS AND DISCUSSION

Results

The subjects in this study totaled 1,640 people drawn from 31 provinces in Indonesia. The subjects consisted of 292 men and 1,348 women. They ranged from 18 to 25 years old, with the majority being in the 18–20 age bracket. In terms of the campus type, 1,265 students were from a Religion campus and 375 students from a General campus. The full demographic data for the research participants can be seen in Table 1.



note: **significant at $p < 0.01$ ***significant at $p < 0.05$

Figure 1. Mediation Diagram of All Variables

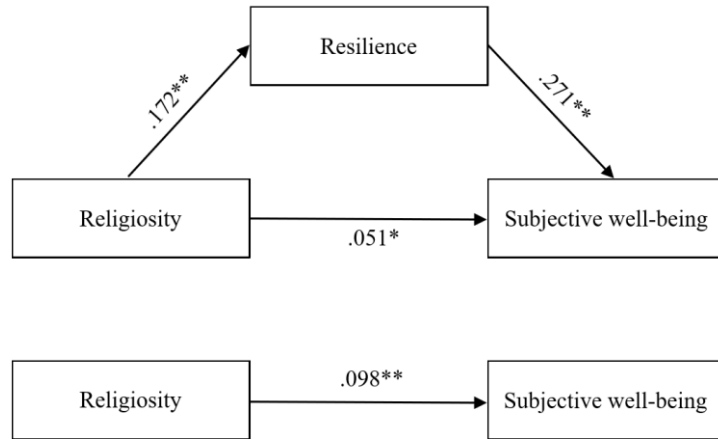
Path analysis with the help of R software was used to analyze the data in this study. Path analysis is an extended regression model used to test two or more causal models (Garson, 2008). In this study, path analysis tested the effect of an intervening or mediating variable, namely the resilience variable. The results were then used to compare whether the influence of the direct or indirect effect was greater; from this, it was possible to determine whether mediation strengthens or weakens the influence of the independent variable on the dependent variable (Ghozali, 2018). Mediator analysis was conducted in line with the analysis proposed by Baron & Kenny (1986).

Path analysis with the help of R software, were used to analyze the data in this study. Path analysis is an extended regression model used to test two or more causal models (Garson, 2008). In this study, path analysis tested the effect of an intervening or mediating variable, namely the resilience variable. The results were then used to compare whether the influence of the direct or indirect effect was greater; from this, it was possible to determine whether mediation strengthens or weakens the influence of the independent variable on the dependent variable (Ghozali, 2018). Mediator analysis was conducted in line with the analysis proposed by Baron & Kenny (1986).

Table 2, namely the role of religiosity, social support, and self-efficacy on resilience, shows significance values of less than .001. Therefore, it can be concluded that religiosity, social support, and self-efficacy play a role in increasing resilience with standardized coefficients of .172, .177, and .566, respectively.

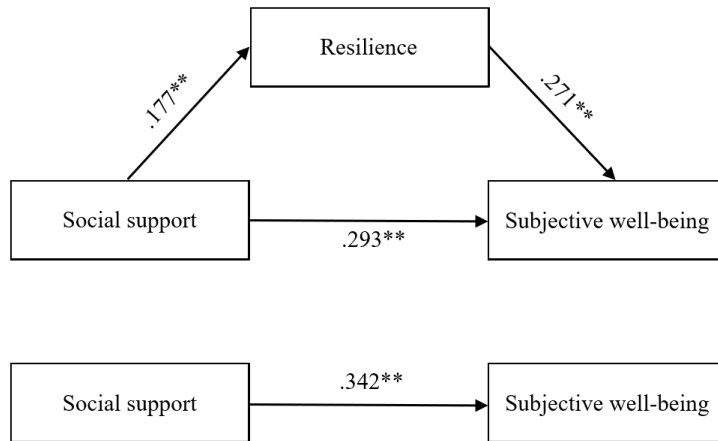
Furthermore, the effect of resilience on subjective well-being (path b) is summarized in table 3. It shows that resilience plays a significant role in improving subjective well-being with a coefficient of .271 ($p < .01$). The direct effect of each independent variable on the dependent variable can also be seen in table 3. The direct effect is the effect of each independent variable (religiosity, social support, and self-efficacy) on the dependent variable (subjective well-being) without going through the mediator variable (resilience). In mediation analysis, this path is denoted by path c'. It can be seen in the table that religiosity plays a role in improving subjective well-being significantly, with a coefficient of .051 ($p < .05$). Social support is proven to improve subjective well-being with a coefficient of .293 ($p < .01$). Self-efficacy is also proven to improve subjective well-being with a coefficient of .173 ($p < .01$).

To test the hypothesis regarding the role of resilience as a mediator, it is also necessary to determine the indirect effect of each independent variable on the dependent variable through



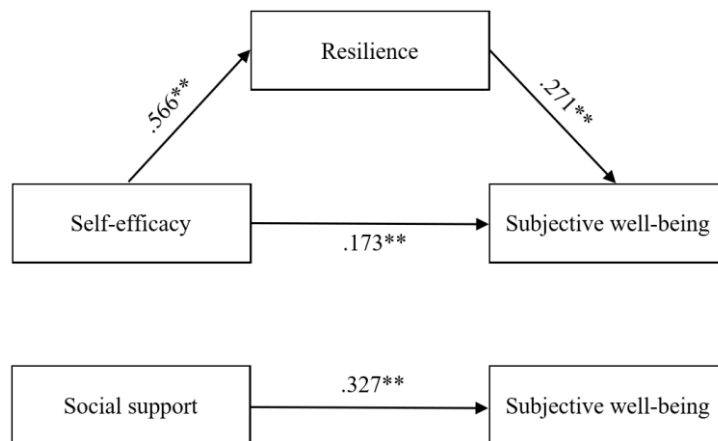
note: **significant at $p < .01$ ***significant at $p < .05$

Figure 2. The Direct and Indirect Role of Religiosity on Subjective Well-being



note: **significant at $p < .01$ ***significant at $p < .05$

Figure 3. The Direct and Indirect Role of Social Support on Subjective Well-being



note: **significant at $p < .01$ ***significant at $p < .05$

Figure 4. The Direct and Indirect role of Self-efficacy on Subjective Well-being

the mediator variable. The role of the indirect effects of independent variables on dependent variable can be seen in Table 4. Meanwhile, the overall mediation analysis results can be seen in Figure 1.

The results showed that social support indirectly affects subjective well-being through the intermediary of resilience with a standardized coefficient of .048 ($p < .01$). Social support is thus proven to improve subjective well-being through the intermediary of resilience. Social support is also proven to directly affect subjective well-being with a standardized coefficient of .293 ($p < .01$). These results indicate that resilience partially mediates the relationship between social support and subjective well-being.

The results showed that self-efficacy indirectly affects subjective well-being through the intermediary of resilience with a standardized coefficient of .154 ($p < .01$). Self-efficacy is therefore proven to improve subjective well-being through the intermediary of resilience. Meanwhile, self-efficacy is also proven to directly affect improving subjective well-being with a standardized coefficient of .173 ($p < .01$). These results indicate that resilience partially mediates the relationship between self-efficacy and subjective well-being.

Discussion

The results of the data analysis show that religiosity, social support, and self-efficacy have a direct effect on resilience. The influence of religiosity on resilience is in line with the results of previous research. Javanmard (2013) showed that religiosity has a positive relationship with resilience. Essentially, religiosity fosters beliefs and hopes that can assist in emotional recovery (Fatone et al., 2007). Religiosity also provides guidelines for coping with life pressures, thereby increasing resilience (Vahia et al., 2011). Moreover, religiosity can help individuals to maintain their mental health when faced with a problem (Al Eid et al., 2020).

Besides the influence of religiosity, resilience is also influenced by social support. Social support can assist in strengthening individuals' resilience by reducing the negative impact of stressors (Jiang et al., 2022; Wu et al., 2018) and helping people avoid negative emotions (Lin et al., 2020). Social support also helps in strengthening individuals' resilience by bolstering their mental health (Y. Huang et al., 2020; Kong et al., 2021; Zhao et al., 2022) and reducing the risk of depression (Höltge et al., 2022). In addition, social support helps individuals to increase their sense of responsibility for regulating healthy behaviors, thereby increasing resilience and leading to better mental health (Jiang et al., 2022).

This study also found that self-efficacy influences resilience. This finding is in line with research by Utami and Helmi (2017) and Mufidah (2017), who showed that self-efficacy is positively correlated with resilience. Self-efficacy helps individuals develop complex responses for dealing with difficult situations, thereby enhancing their resilience (Hamill, 2003). Higher self-efficacy enables students to have confidence in themselves in terms of their intellectual capacity, leading to greater academic resilience (Martin & Marsh, 2006).

The results of the analysis show that religiosity, social support, and self-efficacy have a direct effect on subjective well-being. The finding concerning the influence of social support on subjective well-being aligns with Huang et al. (2021), who reported a positive relationship between social support and subjective well-being. Research by Putri (2016) also showed that social support is related to subjective well-being in early adolescents. The study revealed that social support was an appropriate variable to mediate subjective well-being.

Maslihah (2017) identified the influence of social support, especially from parents, peers, and officers of special children's development institutions, on subjective well-being. This finding was further corroborated by Shaleh et al. (2020), who reported that subjective well-being is influenced by social support from family, peers, superiors, and other significant others. Social support in the form of advice to solve problems or concrete actions to help individuals is also related to individuals' level of subjective well-being (Jayanti & Setiasih, 2018).

The influence of social support on subjective well-being could be due to the social interactions that occur within it. Social closeness with family and friends can increase the happiness and life satisfaction aspects of subjective well-being, while negative interactions can

reduce happiness (Nguyen et al., 2016). Social support can also help to reduce anxiety in individuals when they experience problems (Huang et al., 2021) and reduce negative affect (Siedlecki et al., 2014), thus helping them to maintain their subjective well-being in difficult circumstances. Moreover, perceived social support positively influences individuals' general well-being and mental health (Cobo-Rendón et al., 2020).

The direct effect of self-efficacy on subjective well-being is in line with the results of previous studies. Santos et al. (2014), Alfinuha and Nuqul (2017), Salehi et al. (2016), and Tamannaefar and Motaghedifard (2014) showed that self-efficacy affects subjective well-being. Self-efficacy helps regulate negative emotions, which is an important factor in subjective well-being (Cattellino et al., 2021). Furthermore, individuals with high self-efficacy tend to use positive coping strategies to overcome stress, which contributes to subjective well-being (Chudzicka-Czupala & Zalewska-Lunkiewicz, 2020). Moreover, self-efficacy can contribute to subjective well-being through positive attitudes toward self, life, and the future (Cattellino et al., 2021). It can thus be said that self-efficacy increases individuals' subjective well-being.

Resilience directly influences subjective well-being. Research by Turner et al. (2017) reported a positive relationship between resilience and subjective well-being. As a characteristic of a positive personality, resilience can increase individuals' adaptability and help them overcome negative emotions that arise (Losoi et al., 2013). This ability serves as a protective factor toward students' subjective well-being (Saputro & Nashori, 2017).

In addition to directly influencing subjective well-being, religiosity, social support, and self-efficacy, resilience indirectly influences subjective well-being as a mediator. This means that resilience partially mediates the relationship between religiosity, social support, and self-efficacy with subjective well-being. Resilience is sufficiently strong as a mediator in the relationship between religiosity, social support, and self-efficacy with subjective well-being. However, the direct effect of social support and self-efficacy was smaller than the indirect effect of social support and self-efficacy mediated by resilience.

Similar to social support and self-efficacy, which directly influence subjective well-being, religiosity directly influences subjective well-being. This finding echoes those reported by Abdel-Khalek and Lesler (2018), who showed that religiosity positively correlates with subjective well-being. This explains that religion is a fundamental aspect that can interact with basic human processes such as subjective well-being.

This study explains that resilience can mediate the relationship between social support, self-efficacy, and religiosity with subjective well-being. Yildirim and Tanrıverdi (2020) demonstrated in their study that resilience can mediate the relationship between social support and subjective well-being in Turkish students, which corresponds with the results of this study. Students in Indonesia also derive social support from family, friends, and people with whom they are close.

The role of resilience as a mediator in the relationship between self-efficacy and subjective well-being is in line with previous research that has reported on the relationship between resilience and self-efficacy (Sagone & Caroli, 2013). Individuals with high self-efficacy tend to be more resilient and feel more comfortable with problem-solving. This in turn increases their subjective well-being.

The role of resilience as a mediator in the relationship between religiosity and subjective well-being is in line with previous research that reported high subjective well-being in religious individuals (Lianda & Himawan, 2022). Resilience enables religious individuals to foster a more positive interpretation of problems and believe in God's intervention in life, thereby increasing subjective well-being. In other words, religious individuals have more reasons to survive and bounce back when facing problems (Dolcos et al., 2021).

The research results show that resilience partially mediates the relationship between religiosity, social support, and self-efficacy on subjective well-being. This means that

religiosity, social support, and self-efficacy have a sufficiently strong relationship with subjective well-being regardless of whether resilience acts as a mediator. However, resilience is also a strong mediator and thus facilitates the relationship between religiosity, social support, and self-efficacy on subjective well-being.

This study's limitations include the similarity of the participant profiles, especially concerning their religious background and Islamic-affiliated educational institutions. This is thought to be the main contributor to the low positive correlation between religiosity and resilience, which stems from the highly positive assessment of the role of religion among the Muslim student participants.

Another limitation concerns the multidimensionality of the research variables. While multiple dimensions offer a more complete and diverse meaning, in this study, the diversity is simplified by the use of a combined score between aspects or dimensions. Although this can be considered detrimental as it prevents a more specific view of the relationship between the variables, it was also considered essential to avoid excessive complexity in interpreting the research results.

It is recommended that future researchers planning to conduct a more in-depth study analyze the data separately and gradually by maintaining alignment with the measurement model for each tool used. Additionally, more complex and in-depth studies would likely be more appropriate to present in journals oriented to psychological measurement and not in this journal, which is focused more on the development of new understanding for improving Islamic guidance and counseling services.

Implications

These results have important implications for understanding how resilience helps explain how religiosity, social support, and self-efficacy are related to subjective well-being. For resilience to play a bigger role, it needs to be strengthened through Islamic guidance and counseling. This study has real-world implications for Islamic guidance and counseling, especially when it comes to using religion to build resilience, such as by seeing problems more positively as God's gift for personal growth.

Limitations and Future Direction

Most of the participants have similar backgrounds, including religion and Islam-affiliated schools. This is why religiosity and resilience aren't strongly linked. Muslim students in the study had a positive view of religion's role. Multidimensionality is another limitation. Multiple dimensions provide a more complete and diverse meaning, but this study simplifies diversity by combining scores. Although this prevents a more specific view of the variables' relationship, it was necessary to avoid excessive complexity in interpreting the research results.

Future researchers planning an in-depth study should analyse data separately and incrementally, aligning with each tool's measurement model. Sophisticated and in-depth studies are more appropriate for psychological measurement journals than this one, which focuses on improving Islamic guidance and counseling services.

CONCLUSION

The relationship between religiosity, social support, and self-efficacy with subjective well-being is partially mediated by resilience. It is necessary to increase one's level of resilience through the practise of Islamic guidance and counseling in order for resilience to play a greater role in society. This is doable due to the fact that religion is a tool that can be used to build resilience through a more positive reinterpretation of adversity as a gift from God for one's own personal development.

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AUTHOR CONTRIBUTION STATEMENT

BB, SM, AbP, IBS contributed to the study conception and design. Material preparation and data collection were performed by BB, IBS. Data analysis was performed by BB, IBS, AAA. The first draft of the manuscript was written by BB, SM, AbP. Writing-Reviewing and Editing by BB, IBS. All authors commented and provided critical feedback.

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