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The Effect of Resilience on Health with Social Support as a Moderator for Health Workers in Jakarta During the Covid-19 Pandemic

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Abstract

Healthcare workers are currently preoccupied with the COVID-19 pandemic, causing the risk of mental disorders. This study aims to determine the effect of resilience on health with social support as a moderator for healthcare workers in Jakarta during the COVID-19 pandemic. Participants in this research were healthcare workers, either doctors or nurses who were working in hospitals or health clinics in Jakarta during the COVID-19 pandemic. Research participants are at least 20 years old, male and female, and not limited by religious background, culture, social status, and length of time as a healthcare workers. Measurement of resilience variable using the RQ Test made by Reivich and Shatte, social support variable using the Multidimensional Scale of Perceived Social Support (MSPSS) made by Zimet et al, and health variable using the SF-36 measurement scale made by RAND Corporation. Based on the results of the regression analysis, this study has the result that resilience has a significant effect on the health condition of healthcare workers, which means that the more resilient a person is, the better the individual's health will be. Resilience moderated by social support has a significant effect on health, which means that social support is able to strengthen the relationship between resilience and the health of healthcare workers in Jakarta during the COVID-19 pandemic.

Keywords: Healthcare Workers, Resilience, Social Support

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INTRODUCTION

Since the end of 2019, the world community has been shocked by the emergence of the corona virus or often referred to as COVID-19, even in early January 2020.*World Health Organization* (WHO) has declared COVID-19 a pandemic (Zanke et al., 2020). A pandemic refers to a disease that spreads to many people in several countries at the same time. The emergence of this pandemic has caused many people to be infected with the virus and require medical treatment. As of November 2020, the growth rate of positive COVID-19 patients in Jakarta had reached 111,201 people (Mantalean & Gatra, 2020).

Apart from having an impact on physical health, the COVID-19 pandemic also has a negative impact on mental health. Research conducted by Al Dhaheri et al (2021) found that there was a heavy psychological influence on individuals affected by the COVID-19 pandemic, namely the emergence of feelings of fear, worry and helplessness. The COVID-19 pandemic also has an impact on the emergence of depression, anxiety, boredom,

difficulty concentrating, irritability, difficulty resting, and feelings of loneliness and discomfort (Ghosh, 2021).

Based on data from the World Health Organization (WHO, 2017) in 2015, as many as 4.4% or 322 million people in the world are estimated to experience depressive disorders which generally appear in adolescence. Depression disorders are increasingly experienced as we grow older. Depressive disorders have increased by 18.4% from 2005 to 2015. This shows that as time goes by more and more people in the world are experiencing depression.

Research from Dozois (2020) in one of the countries experiencing the impact of the pandemic concluded that there was an increase in depression of 6% (previously 4% to 10%) in Canadian society during the pandemic. The study also concluded that as many as one in three Canadians who experience anxiety and depression tend to consume alcohol and illegal drugs, so this research is recommended for maintaining mental health.

According to Azizah (2019), there are 15.6 million Indonesians who experience depression, but only 8% of them seek professional help. Research conducted by Peltzer and Pengpid (2018) found that the prevalence of depressive symptoms in Indonesian society was 21.8%. The factors that influence symptoms of depression in Indonesian society are age, economic problems, not having a job, health problems, smoking and using illegal drugs, low physical activity, disasters (natural or social conflict) in the last 5 years, and conditions unsafe living environment, such as a pandemic.

The increasing number of cases of COVID-19 sufferers means that more health workers are needed. Therefore, health workers as the front line in treating COVID-19 patients are expected to be able to maintain physical and mental health. What health workers can do to minimize exposure to the virus is by limiting the number of face-to-face patients, using personal protective equipment completely and correctly, having good work environment controls such as routine cleaning, and maintaining their own health (Majeed et al., 2020).

Health workers on the front lines are at risk of direct physical and mental consequences as a result of providing care to COVID-19 patients (Shaukat et al., 2020). Research conducted by van Roekel et al (2021) found that health workers who had direct contact with COVID-19 patients reported having more sleep disturbances and were more physically tired than health workers who did not have direct contact with COVID-19 patients. Moreover, the implementation of lockdown has disrupted health workers' physical activity and exercise routines, which can then lead to depression (Kua et al., 2021). Apart from that, health workers can feel stressed because they feel worried about their health condition, as well as the health of their family (Cheng et al. in Fadli et al., 2020). Then this feeling of pressure is also caused by the many job demands that are more than usual due to the pandemic, such as the increased need for patient care, which is accompanied by the risk of exposure to the virus for yourself and your family. This condition can make health workers experience stress which can result in depression and the risk of suicide (Galbraith et al., 2020).

Research in Saudi Arabia (Alteeq et al., 2020) shows that 55.2% of 502 health workers experienced depression. Tan et al (2020) in their research found that 42 people out of more than 500 health workers experienced depression, this was due to a lack of initial medical information about the pandemic, a lack of intensive training regarding the use of personal protective equipment, pandemic control measures, and a lack of psychological support.

Research conducted by Greenglass et al (2003) on 488 nurses showed that overwork contributed to the emergence of depressive symptoms through distress reactions. The psychological health of health workers, such as doctors, can influence the quality of medical services and is related to patient safety (Sun et al., 2020). Meanwhile, research by Galbraith et al (2020) argues that health workers tend not to talk about

mental health problems to colleagues, friends and even family because they think about career prospects and stigma from society so they tend not to seek professional help. Even though they don't talk about health problems, health workers can still survive and work to help other people. This is a form of resilience in health workers.

Resilience is a factor that can determine mental health during the COVID-19 pandemic in health workers (Trani et al., 2021). Having resilience can reduce the appearance of depressive symptoms (Rosetti et al., 2016). The concept of resilience emphasizes self-resilience to adapt to various life difficulties, the ability to rise, fight and overcome the difficulties faced (Nugroho, 2012).

Research conducted by Coco et al (2021) stated the importance of resilience in health workers, especially during events that cause stress, for example pandemics. The presence of resilience in health workers can be a protective factor against negative things related to work, including burnout, anxiety and depression, and can improve good outcomes for patients (Baskin & Bartlett, 2021). In research conducted by Setiawati et al (2021) on 227 health worker respondents in Surabaya, the results showed that there was a significant relationship between anxiety and resilience; the lower the resilience, the higher the anxiety experienced. Research conducted by Azzahra (2017) found that resilience had a negative influence on psychological distress, which means that the higher the resilience, the lower the psychological distress, and vice versa. In research conducted by Rachmawati et al (2019), it was found that resilience had a significant effect on every dimension of quality of life related to health, which means that the higher an individual's resilience, the better the quality of health they have. Based on this research, it can be concluded that resilience is positively related to both physical and psychological health of individuals. The higher a person's resilience, the better their physical and psychological health will be.

One way to increase resilience is by*social support* positive (Ozbay et al., 2007). Resilience in individuals is very dependent on social systems that provide positive support, which then increases resilience through psychosocial and neurobiological mechanisms (Sippel et al., 2015). Research from Sun et al (2020) states that*social support* is a protective factor in maintaining the psychological health of doctors; better*social support* received, the better the psychological health status. Alsubaie et al (2019) in their research found that there was a negative correlation between all sources*social support* (partner, family, and friends) and depressive symptoms.*Social support* has a positive role in mental health and quality of life by helping individuals feel valued and connected to the social environment (Alsubaie et al., 2019).

Social support means that individuals receive support either materially, emotionally or spiritually, which can be in the form of empathy, attention, emotion, acceptance, trust and encouragement from individuals or groups of people (Sun et al., 2020). Meanwhile, according to Cohen (2004), social support refers to the availability of social relationships from both psychological and material sources which aim to benefit a person's ability to deal with stress. Sippel et al (2015) argue that resilience in individuals is very dependent on social systems that can provide positive support, and this system increases resilience through various psychosocial and neurobiological mechanisms.

The formulation of the problem in this research is whether there is an influence of resilience on health*social support* as a moderator for health workers in Jakarta during the COVID-19 pandemic, because the participants and research time were different from previous research. It is hoped that this research can make a contribution to the science of clinical psychology, namely knowing the influence of resilience on health*social support* as a moderator for health workers in Jakarta during the COVID-19 pandemic. Practically, it is hoped that this research can increase public and government attention to the mental health of people around them, especially health workers because health workers are the front line in fighting the COVID-19 pandemic. With increasing attention to health, it is

hoped that the community and government will be able to play an active role in maintaining the health of health workers, one of which is by developing institutions that provide health workers, for example psychology bureaus, so that they can facilitate health workers who experience symptoms of anxiety and depression. Therefore, this research hypothesizes that there is an influence of resilience on health with social support as a moderator for health workers in Jakarta during the COVID-19 pandemic.

METHOD

This research is quantitative research using a non-experimental approach. Researchers will distribute questionnaires to 105 health workers who served during the COVID-19 pandemic in Jakarta. The questionnaire will be distributed via*online* with personal communication via social media.

The Participants in this research are health workers, whether doctors or nurses, who are carrying out their duties at hospitals or health clinics in Jakarta during the COVID-19 pandemic. Research participants were at least 20 years old, male and female. Research participants are not limited by religious background, culture, social status, and length of time as a health worker. This research involves 105 respondents with 54 female participants (51.4%) and 51 male participants (48.6%). Based on age, the majority of respondents were 26-29 years old, namely 30 people (28.6%). Then there were 22 respondents aged 22-25 years (21%). There were 15 respondents aged 30-33 years (14.3%). The remaining respondents aged 38-41 years were 9 people (8.6%), respondents aged 34-37 years and 50-53 years were 8 people each (7.6%), respondents aged 18-21 years as many as 5 people (4.8%), respondents aged 42-45 years as many as 3 people (2.9%), respondents aged over 61 years as many as 2 people (1.9%), and respondents aged 46 -49 years, 54-57 years, and 58-61 years each with 1 person (1%).

According to profession, the majority of respondents have a profession as medical personnel, namely 29 people (27.6%). A total of 25 people (23.8%) had professions as other health workers. There were 12 respondents who worked as clinical psychologists (11.4%), 9 respondents who worked as pharmaceutical workers (8.6%), 8 respondents who worked as nursing staff (7.6%). Meanwhile, there were 6 subjects who worked as nutrition workers (5.7%), 4 respondents who worked as medical technicians (3.8%), respondents who worked as traditional health workers and community health workers respectively. as many as 3 people (2.9%), and respondents who work as biomedical engineering staff and midwifery staff each were 2 people (1.9%). The majority of respondents were not married, namely 59 people (56.2%).

Temporaryrespondents 45 people were married (42.9%), and 1 person (1%) experienced divorce as a result of death. The majority of respondents were also Muslim, namely 50 people (47.6%). There were 27 Christian respondents (25.7%), 18 Catholic respondents (17.1%), 7 Buddhist respondents (6.7%). The fewest respondents embraced other religions, namely 3 people (2.9%).

Measurement resilience using RQ*Test* created by Reivich and Shatte. Amount*item* consists of 56 items divided into 7*domain* and responded on a 5 point Likert scale starting from strongly disagree (STS, score = 1) to strongly agree (SS, score = 5) on*item favourable* and strongly agree (SS, score 1) to strongly disagree (STS, score = 5) on*item unfavorable*. Research conducted by Mirad (2019) used the RQ measurement tool*Test* in Indonesian, obtained reliability with coefficients*Alpha Cronbach* amounting to 0.880 and internal consistency between items ranging from 0.302 to 0.571 after eliminating several items. One example of a statement item is "I am easily carried away by my feelings." Based on the table, it is known*alpha Cronbach* amounted to 0.840 and there were 16 items that were less consistent, namely items 7, 9, 10, 15, 16, 17, 23, 29, 30, 31, 32, 36, 45, 50, 53, and 56 because the calculated r was smaller than 0.200 and has a negative value. Meanwhile, the

other items are considered consistent in measuring the resilience variable (X) because the calculated r value is positive and above 0.200.

Measurement of social support using*Multidimensional Scale of Perceived Social Support* (MSPSS) developed by Zimet et al (1998). Participants fill in the answer choices on a 5-point Likert scale with answer choices of strongly disagree (STS, score = 1) to strongly agree (SS, score = 5). MSPSS consists of 12 pieces*item* with a total of 3 pieces*domain. Domain* The family consists of items 3, 4, 8, and 11.*Domain* friends consist of items 6, 7, 9, and 12.*Domain* special person (*significant others*) consists of items 1, 2, 5, and 10. Research conducted by Laksmita et al (2020) using the Indonesian version of the MSPSS obtained reliability results ofα > 0.70. One example of a statement item is "My family really tries to help me". In this research, the value is known*alpha cronbach* amounting to 0.883 and each item has a validity above 0.200.

Mental health measurement uses the SF-36 which consists of 36 items created by*RAND Corporation*. SF-36 measure physical and mental health status (Perwitasari in Roswiyani et al., 2019). Dimensions of physical health status are measured based on: (a)*physical functioning* on items 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12*;* (b) *role physical* on items 13, 14, 15, and 16; (c) *bodily pain* on item 2, 21 and 22;((d) *general health* on items 1, 33, 34, 35, and 36; (e)*role emotional* on items 17, 18, and 19*;* (f) *vitality* on items 23, 27, 29, and 31; and (g)*social functioning* on items 20 and 32*.* Dimensions of mental health status are measured based on *mental health* on items 24, 25, 26, 28, and 30*.* The reliability coefficient of the SF-36 measuring instrument is 0.90 (Ware, 1993). Meanwhile, the consistency coefficient of the SF-36 measuring instrument ranges from 0.28 to 0.84. One example of a statement item is "You didn't achieve what you wanted." Based on the table, it is known that there are 4 items that are invalid, namely items 2, 27, 28, and 32. This is because the calculated r is <0.200 and has a negative value. Meanwhile, it is known that other items are considered valid in measuring health variables because it is known that the value of each calculated r is > 0.200 and is positive.

Data collection in this research used a questionnaire distributed through the media*online* that is*google form* to 105 health workers on duty during the COVID-19 pandemic in Jakarta. The questionnaire was distributed via*online* with the researcher's personal communication via social media. After getting respondents, researchers used software*SPSS* to perform regression analysis.

RESULT AND DISCUSSION

The following is a description of the resilience possessed by research participants.*Mean* The empirical dimension of Emotion Regulation is 3.576, the Impulse Control dimension is 3.931, the Optimism dimension is 3.564, the Causal Analysis dimension is 3.621, the Empathy dimension is 3.539, the Self-Efficacy dimension is 3.698, and the Achievement dimension is 3.636, so it can be said that the overall resilience dimension of the research participants is high (Table 1).

Table 1
Resilience Components

Component	*Mean* Hypothetically	*Mean* Empirical	Std. Deviation	Minimum	Maximum	Information
Emotion Regulation	3	3,576	0,551	1.71	5.00	Height
Control Impulse	3	3.931	0.676	2.25	5.00	Height
Optimism	3	3.564	0.570	2.33	5.00	Height

Causal Analysis	3	3.621	0.446	2.60	4.60	Height
Empathy	3	3.539	0.577	2.00	5.00	Height
Self-Efficacy	3	3.698	0.532	2.43	5.00	Height
Achievement	3	3.636	0.599	2.40	5.00	Height
Resilience	3	3,660	0,427	2.80	4.78	Height

The description of the social support variable is *Mean* The empirical dimension of family is 3.84, the dimension of friends is 3.67, and dimension*significant others* is 3.87, so it can be said that the overall dimension of social support for research participants is high. The following also explains the components of social support as in table 2.

Table 2
Components of Social Support

Dimensions	*Mean* Hypothetically	*Mean* Empirical	Std. Deviation	Minimum	Maximum	Information
Family	3	3,84	0,761	2	5	Height
Friend	3	3,67	0,793	1	5	Height
Significant Others	3	3,87	0,833	1	5	Height
Social Support	3	3,77	0,669	2	5	Height

An overview of the health variables of the participants in this study, namely*mean* empirical dimensions*Bodily Pain* is 4,067, dimensions*General Health* is 3,745, dimensions*Vitality* is 3,254, dimensions*Social Functioning* is 3,886, and dimensions*Mental Health* is 3,448, so it can be said that the health dimension of the participants is high. Dimensions that are included in the low category are:*Physical Functioning* with*mean* amounting to 2,701,*Role Physical* with*mean* amounting to 1,717, and*Role Emotional* with*mean* amounting to 1,737 (Table 3).

Table 3
Health Components

Component	*Mean* Hypothetically	*Mean* Empirical	Std. Deviation	Minimum	Maximum	Information
Physical Functioning	3	2.701	0.375	1.20	3.00	Low
Role Physical	3	1.717	0.340	1.00	2.00	Low
Bodily Pain	3	4.067	0.891	1.00	5.00	Height
General Health	3	3.747	0.668	2.00	5.00	Height
Role Emotional	3	1.737	0.351	1.00	2.00	Low
Vitality	3	3.254	0.996	1.00	5.00	Height

Social Functioning	3	3.886	1.068	1.00	5.00	Height
Mental Health	3	3.448	0.823	1.60	5.00	Height
Health	3	2.932	0.340	2.00	3.59	Low

Based on the results of the normality test, the Asymp value is known. Sig is 0.141 which means Asymp. Sig > 0.05 so it can be concluded that the research residual data is normally distributed. Based on the linearity test calculations, it was found that the linearity significance value of the resilience and health variables was 0.000, so it could be said that there was a significant linear relationship between the independent variable and the dependent variable. Based on the calculations, the significance value of the resilience variable was also obtained which was moderated by*social support* and linearity health is 0.001, so it can be said that there is a significant linear relationship.

In this study, there were no symptoms of multicollinearity in the regression model and there were no symptoms of heteroscedasticity in the regression model because each variable had p more than 0.05 (p > 0.05). Based on regression analysis, The results showed that the contribution of the predictor of resilience to health was 18.6% with an F value of 23,496 (p=0.000; p<0.05), which means that resilience can predict health significantly. Meanwhile, the results also showed that the contribution of predictors*social support* on health by 6.6% with an F value of 7.227 (p=0.008; p<0.05) which means*social support* can significantly predict health. The results also showed that the contribution of resilience predictors was moderated by*social support* on health by 18.6% with an F value of 11.656 (p=0.000; p<0.05) which means resilience is moderated by*social support* can significantly predict health. Further information can be seen in table 4.

Table 4
Table of Regression Analysis Results

Model	*R Square*	P
Resilience to health	0.186	0.000
Social Support to health	0.066	0.016
Resilience is moderated*social support* to health	0.186	0.000

The following is the regression model equation formed:

Y = a + b1X1 + b2M + b3XM

Y= -16.468+ 0.729 X + 1.570 M – 0.010 XM

Information:
a : Constant
b1 : Resilience Regression Coefficient
b2 : Regression Coefficient*Social Support*
b3 : Resilience Regression Coefficient**Social Support*

This equation explains that: (1) If all independent and moderating variables are constant or equal to zero, the value of the health variable is 16,468; (2) If the resilience variable increases by 1 unit, the health variable will increase by 0.729. So the higher the level of resilience, the better the health; (3) If variable*social support* If there is an increase of 1 unit, the health variable will increase by 1,570. So it gets better*social support* the respondents have, the better their mental health will be; (4) If the resilience variable is

moderated by a variable*social support*, then for every 1 unit increase there will be an increase of 0.01.

Based on the results of the regression analysis of the health dimensions, it was found that the contribution of resilience predictors was moderated by*social support* on physical health of 14.5% with an F value of 8.657 (p=0.000; p<0.05) which means resilience is moderated by*social support* can significantly predict physical health. Meanwhile, the results also showed that the contribution of resilience predictors was moderated by*social support* on mental health of 5.2% with an F value of 2.815 (p=0.065; p<0.05) which means resilience is moderated by*social support* did not significantly predict mental health. Based on the analysis results table*independent sample t test*, it was found that the significance value for physical health was 0.175 (p>0.05) and mental health was 0.129 (p>0.05), so it could be concluded that there were no differences in health variables, both physical and mental, between male and female. Further information can be seen in table 5.

Table 5
Test of Different Dimensions of Health Based on Gender

Indicator	**Gender**	***Mean***	**Std. Deviation**	**p**
Physical health	Man	82.706	10.358	0175
	Woman	82.370	8.092	
Mental health	Man	14.961	2.932	0.129
	Woman	13.500	3.544	

Based on the analysis results table*independent sample t test*, it was found that the significance value for the resilience variable was 0.200 (p > 0.05), so it could be concluded that there was no difference in the resilience variable between male and female genders. Further information can be seen in table 6.

Table 6
Test of Different Resilience Variables Based on Gender

Indicator	Gender	*Mean*	Std. Deviation	p
Resilience	Man	147.33	19.106	0.200
	Woman	145.54	15.082	

Based on the analysis results table*independent sample t test*, it was found that the significance value of the variable*social support* is 0.549 where p > 0.05, so it can be concluded that there are no differences in the variables*social support* between male and female gender. Further information can be seen in table 7.

Table 7
Test Results for Different Social Support Variables Based on Gender

Indicator	Gender	*Mean*	Std. Deviation	p
Social support	Man	45.04	7.327	0.549
	Woman	44.35	7.778	

Based on the analysis results table*one way ANOVA*, it was found that the significance value of the physical health variable was 0.005 and mental health was 0.646 (p>0.05), so it can be concluded that there are differences in physical health but there are no differences in mental health between professions. Further information can be seen in table 8.

Table 8
Test Results of Different Dimensions of Health Based on Profession

Dimensions	Profession	*Mean*	*Std. Deviation*	p

Physical health	Medical personnel	84.793	8.407	0.005
	Clinical psychologist	80.333	7.981	
	Nursing staff	85.375	5.181	
	Midwifery staff	91.000	7.071	
	Pharmaceutical staff	85.778	7.694	
Dimensions	Profession	*Mean*	*Std. Deviation*	p
Physical health	Public health workers	85.667	7.095	
	Nutritionist	80.333	7.501	
	Physical therapy staff	94.000	1.414	
	Medical technicians	87.250	8.539	
	Biomedical engineering energy	73.000	4.243	
	Traditional health workers	89.333	5.508	
	Other	76.640	10.523	
Mental health	Medical personnel	14.483	3.101	0.646
	Clinical psychologist	13.583	2.938	
	Nursing staff	13.875	3.523	
	Midwifery staff	16.000	5.657	
	Pharmaceutical staff	13.556	4.953	
	Public health workers	16.000	3.606	
	Nutritionist	14.167	3.312	
	Physical therapy staff	18.000	.0000	
	Medical technicians	15.750	4.031	
	Biomedical engineering energy	11.000	1.414	
	Traditional health workers	15.667	3.215	
	Other	13.720	3.035	

Based on the analysis results table*one way ANOVA*, it was found that the significance value of the resilience variable was 0.726 (p>0.05), so it could be concluded that there was no difference in resilience between professions. Further information can be seen in table 9.

Table 9
Test Results of Different Resilience Variables Based on Profession

Variable	Profession	*Mean*	*Std. Deviation*	p
Resilience	Medical personnel	146.17	19.651	0.726
	Clinical psychologist	141.67	15.323	
	Nursing staff	144.63	12.894	
	Midwifery staff	169.50	2.121	
	Pharmaceutical staff	150.56	10.967	
	Public health workers	145.67	7.506	
	Nutritionist	140.50	11.979	
	Physical therapy staff	149.50	10.607	
	Medical technicians	154.50	35.604	
	Biomedical engineering energy	143.00	8.485	
	Traditional health workers	136.67	11.590	
	Other	147.60	17.590	

Based on the analysis results table*one way ANOVA*, it was found that the variable significance value*social support* is 0.352 (p>0.05), so it can be concluded that there is no difference*social support* between professions. Further information can be seen in table 10.

Table 10
Test Results for Different Social Support Variables Based on Profession

Variable	Profession	*Mean*	*Std. Deviation*	p
Resilience	Medical personnel	42.48	8.016	0.325
Variable	Profession	*Mean*	*Std. Deviation*	p
	Clinical psychologist	43.67	8.403	
	Nursing staff	48.25	5.312	
	Midwifery staff	55.50	6.364	
	Pharmaceutical staff	45.44	7.055	
	Public health workers	41.67	6.028	
	Nutritionist	45.33	7.815	

Physical therapy staff	52.00	5.657
Medical technicians	48.50	8.660
Biomedical engineering energy	44.50	2.121
Traditional health workers	43.67	1.155
Other	44.60	7.517

The aim of this research is to see whether there is an influence between resilience and health which is moderated by*social support*. The results of this study found that resilience was moderated by variables*social support* has a significant effect on health variables. The results of this study also show that there are no differences in health and resilience variables between men and women. Apart from that, this research also found that there were differences in health variables between professions, but there were no differences in variables*social support* and resilience between professions.

Research conducted by Hou et al. (2020) showed that there was a significant influence of social support on the health conditions of elderly caregivers in Shanghai, China. Resilience or the capacity within a person to be able to recover from a situation or pressure and be able to adapt and survive these conditions (EU HSPA, 2020). Resilience plays a role in the process of change, from the existence of risks that become obstacles for individuals to become a form of adaptation in the form of self-recovery from stress (Zautra et al., 2010). A high level of resilience allows for optimization of the desire to achieve positive goals for each individual. This indirectly maintains the individual's awareness of always maintaining a fit body (Romana et al, 2020). Social support that comes from family, friends or other colleagues indirectly is a form of social mechanism that indicates external motivation for the individual (Schwarzer & Leppin, 1991). Social support in the form of valuable and intensive appreciation can be a strong encouragement. Social support in the form of appreciation can show the role of individuals in the community so that individuals can encourage themselves to continue to provide optimal results to the community (Hou et al., 2020). Research conducted by Zhang et al (2018) found that gender can moderate the relationship between resilience,*social support,* and*psychological distress.*

Future research can use new resilience assessment indicators or assessments that have been issued by*European Union Systems Performance Assessment*. Future research could provide other moderating variables such as working environmental conditions in research subjects that have not currently been identified in this research. Apart from that, it is hoped that future research will be able to collect data directly (offline) to optimize the filling out of questionnaires by respondents because there are quite a lot of questionnaire items in this study. It is also hoped that future research will be able to take participants on a national scale so that they can see the influence of resilience with*social support* to health on a larger scale.

CONCLUSION

Based on the results of the analysis, this research has the result that resilience has a significant effect on the health condition of health workers, which means that the more resilient a person is, the better the individual's health will be. Resilience moderated by*social support* has a significant effect on health, which means*social support* able to strengthen the relationship between resilience and the health of health workers in Jakarta during the COVID-19 pandemic.

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