

ISLAMIC RELIGIOUS COPING AND MENTAL HEALTH RESILIENCE AMONG HEALTH STUDENTS IN THE DIGITAL ERA

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ABSTRACT

Health students, particularly final-semester students completing their thesis, often experience academic pressure, chronic stress, and emotional fatigue. In the digital era, academic demands combined with intensive social media exposure create additional psychological challenges that may affect students' mental well-being. This study aims to explore the role of Islamic religious coping in strengthening mental health resilience among health students at STIKes Bina Putera Banjar. This study employed a descriptive qualitative approach involving five eighth-semester students from nursing, public health, and midwifery programs as key informants. Data were collected through semi-structured interviews, observation, documentation, and supported by relevant literature. The findings indicate that Islamic spiritual practices such as shalat (prayer), dzikir (remembrance of God), doa (supplication), and Quranic recitation were perceived to support emotional regulation and psychological resilience in dealing with academic stress. Islamic values including tawakal (trust in God), ikhtiar (persistent effort), sabar (patience), and the Quranic principle "*inna ma'al 'usri yusra*" (with hardship comes ease) contributed to students' coping processes and motivational resilience. Furthermore, digital technology demonstrated a dual impact: excessive social media exposure increased psychological pressure, while purposeful digital engagement supported academic productivity and spiritual reinforcement. These findings highlight the potential contribution of Islamic psycho-spiritual approaches in supporting student mental health and resilience within health higher education settings.

Keywords: *religious coping, mental health resilience, psycho spiritual approach, health students, digital era.*

INTRODUCTION

Health students in Indonesia, particularly those in the final year of undergraduate programs, face one of the most psychologically demanding phases of their academic journey. Managing coursework, clinical practicums, and thesis completion simultaneously creates conditions conducive to chronic stress and diminished psychological well-being. Data from the Indonesian Ministry of Health indicate that 41.3% of university students in Indonesia experience moderate to severe stress, with health science students showing the highest prevalence largely due to high academic workload, clinical performance demands, and uncertainty about future professional readiness. (Kemenkes RI, 2022)

At STIKes Bina Putera Banjar, students in the 8th semester of Nursing (Ilmu Keperawatan), Public Health (Kesehatan Masyarakat), and Midwifery (Kebidanan) programs are particularly vulnerable. Research by Nurdini et al. (2020) found that nursing students actively working on their undergraduate thesis (skripsi) report significantly higher stress levels than peers at earlier academic stages. (Cita Ibrahim et al., 2025)

The digital era introduces a dual dynamic for student mental health. While digital platforms offer access to academic resources and peer support, uncontrolled social media use

has been associated with social comparison, attention distraction, and increased anxiety. Nurlina et al. (2022) found a significant relationship between social media use intensity and anxiety levels among Generation Z nursing students in Indonesia. (Nurlina et al., 2022)

For Muslim health students, Islamic religious coping (IRC) represents a culturally embedded and personally meaningful resilience resource. IRC encompasses practices such as shalat (prayer), dzikir (remembrance), doa (supplication), and Quranic recitation, alongside values of tawakal (trust in God), ikhtiar (diligent effort), and sabar (patience). Fajrussalam et al. (2022) confirm that Islam plays a significant role in shaping students' mental health, including in managing academic stress and building resilience. (Fajrussalam et al., 2022)

Despite its cultural relevance, IRC remains underexplored in the context of health professional education in Indonesia. This study aims to: (1) identify primary academic stressors; (2) describe emotional coping strategies used; (3) explore the role of IRC in supporting resilience; and (4) analyze the bidirectional impact of digital technology on students' mental health.

METHOD

Research Design and Setting

This study employed a qualitative descriptive design to obtain an in-depth picture of students' experiences with academic stress and coping strategies. A qualitative approach was selected for its capacity to capture nuance and context beyond the reach of quantitative instruments. The study was conducted at STIKes Bina Putera Banjar, Banjar, West Java, Indonesia.

Participants

Participants were purposively selected from 8th-semester cohorts of three health programs: Nursing Science (Ilmu Keperawatan), Public Health (Kesehatan Masyarakat), and Midwifery (Kebidanan, D-3 semester 6). Inclusion criteria: (1) currently enrolled in the final semester; (2) actively engaged in thesis/academic project development; (3) Muslim; (4) willingness to participate and provide informed consent.

Data Collection

Data collection employed three complementary methods: (1) semi-structured in-depth interviews guided by five thematic questions covering academic stressors, coping strategies, religious practice utility, Islamic values, and digital technology impact; (2) non-participant observation of academic environments and behavioral patterns; and (3) documentation review. Interviews were audio-recorded with informed consent and transcribed verbatim. The interview guide was validated through expert review prior to data collection.

Data Analysis

Data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis framework. Trustworthiness was strengthened through methodological triangulation, member-checking with two participants, and peer debriefing. All identifying information was anonymized.

RESULTS AND DISCUSSION

Academic Pressure and Mental Fatigue Among Health Students

Thematic analysis identified three principal stressor domains across all four participants: (1) academic workload and time management difficulties; (2) clinical performance anxiety; and (3) thesis-specific pressure. All participants described difficulty maintaining balance between the competing demands of coursework, clinical responsibilities, and personal life.

These findings are consistent with Manery et al. (2024), who found that final-year nursing students reported significantly higher academic stress compared to earlier cohorts, particularly due to the accumulation of thesis deadlines alongside dense clinical schedules. (Cita Ibrahim et al., 2025)

A stressor distinctive to health professional programs was zero-error performance anxiety during clinical practice. Unlike students in non-clinical disciplines, health students reported a moral-psychological dimension to their stress: errors in clinical settings have direct consequences for patient welfare, adding a layer of pressure that extends beyond academic performance. This pattern aligns with Oktaviona et al. (2023), who found that clinical competency examinations and final-year assessments were the strongest predictors of stress and poor sleep quality among final-semester health students. (Thasya Nur Oktaviona et al., 2023)

Future-orientation anxiety uncertainty about professional readiness and post-graduation prospects also emerged as a compounding stressor, particularly among nursing participants. Adillah et al. (2024) found that maladaptive coping mechanisms significantly worsen academic stress outcomes among health professional students, underlining the importance of identifying effective coping resources early. (Adillah et al., 2021)

Health students experienced various forms of academic pressure, particularly related to thesis completion, clinical practice, assignment deadlines, and time management difficulties. Most participants stated that academic activities often caused emotional fatigue, stress, and overthinking, especially during the final semester. One participant explained that dense lecture schedules, clinical reports, and thesis responsibilities became difficult to manage simultaneously. These findings indicate that health students are vulnerable to academic stress due to high cognitive and practical demands.

Another participant stated that direct interaction with patients during clinical practice created psychological pressure because students feared making mistakes that could affect patient health. This finding reflects that health students not only face academic stress but also moral and professional pressure during clinical learning processes. Similar findings were reported in studies on health students' psychological distress and resilience. The findings revealed that health students experienced considerable academic and psychological pressure during their studies. Participants commonly reported difficulties in balancing theoretical coursework, clinical practice, organizational activities, and personal responsibilities. Intensive academic schedules, dense learning materials, assignment deadlines, and practical responsibilities often contributed to emotional fatigue, stress, and overthinking, particularly among final-semester students. Similar findings have been reported in previous studies indicating that health students are vulnerable to academic stress due to demanding academic and clinical workloads.

Several participants explained that the learning process in health programs required them to understand complex subjects such as anatomy, pathology, and pharmacology within limited periods of time. One participant stated that the imbalance between theoretical and practical schedules frequently created pressure and confusion in managing academic priorities. Another participant also mentioned that balancing lectures, organizational activities, and boarding school life (mondok) became an additional challenge that affected time management and emotional stability. These findings demonstrate that time management difficulties remain one of the dominant stressors experienced by health students in higher education settings.

In addition to academic workload, clinical practice also created psychological pressure among students. Participants admitted feeling anxious and afraid of making mistakes while interacting directly with patients during practical sessions. This condition reflects the moral

and professional burden faced by health students, as their actions are closely related to human health and safety. Previous studies also reported that nursing and health students often experience psychological distress caused by fear of failure, academic expectations, and clinical performance anxiety.

Participants further explained that prolonged academic stress often resulted in emotional exhaustion, decreased concentration, sleep disturbances, and overthinking. Some students attempted to reduce stress by resting, listening to music, sleeping earlier, spending time with friends, or temporarily distancing themselves from social media. These coping strategies were perceived as helping students restore emotional balance amid intensive academic activities. Similar findings were identified in studies discussing student coping strategies and mental fatigue among university students in Indonesia.

The findings indicate that academic pressure experienced by health students is multidimensional, involving cognitive, emotional, social, and professional aspects. The combination of academic workload, clinical demands, and limited time management capacity potentially increases students' vulnerability to stress and mental fatigue. Therefore, psychological support and adaptive coping strategies are important in helping health students maintain emotional well-being and academic resilience during their educational process.

Islamic Religious Coping as Emotional and Spiritual Support

All participants described religious activities as important coping strategies when facing stress and emotional exhaustion. Islamic practices such as shalat, doa, dzikir, and Quranic recitation were perceived to create emotional calmness and psychological comfort. Several participants explained that prayer and dzikir helped them feel more relaxed and mentally focused when facing academic difficulties.

One participant stated that after performing prayer and dzikir, her thoughts became calmer and clearer while working on her thesis. Another participant explained that reading the Quran after stressful academic activities helped reduce anxiety and emotional burden. These findings support previous studies explaining that religious coping contributes positively to psychological well-being and emotional regulation among students.

Religious coping in this study functioned not only as a spiritual activity but also as a psychological support system that strengthened students' emotional resilience during stressful situations. Islamic spiritual practices helped participants regulate emotions, regain motivation, and maintain inner stability amid academic pressure.

Beyond religious coping, participants also described interpersonal and behavioral coping strategies. Social support from family and peers was cited by nearly all participants as an important first resource when facing academic pressure. Jeman et al. (2023) found that effective stress coping among final-year students tended to be combinative combining emotional regulation with social support rather than relying on a single strategy. (Jeman et al., 2023)

Time management was also consistently mentioned as a primary self-regulation strategy. Participants reported making deliberate efforts to schedule academic tasks, clinical duties, and personal time to reduce the sense of being overwhelmed. This finding is consistent with Rohmah & Mahrus (2024), who identified poor time management as one of the most frequently reported causes of academic stress among Indonesian university students.

Participants reported Islamic religious practices as central components of their coping repertoire, activated specifically in response to episodes of acute stress. Four functions of IRC were identified across participants: (1) stress reduction and emotional calming; (2) positive reframing of academic difficulties; (3) emotional regulation; and (4) motivational restoration.

Participants consistently reported that pausing to perform shalat, followed by dzikir and doa, helped them feel calmer and more focused after stressful moments. Several noted that the structured interruption created by obligatory five-time daily prayer provided natural recovery

intervals that prevented uninterrupted stress accumulation. Quranic recitation after prayer was described as adding a layer of clarity and renewed motivation to return to study. These reports are consistent with Halik et al. (2023), who found that Al-Qur'an and Sunnah-based self-healing techniques particularly shalat and dzikir were the most frequently cited coping strategies among Indonesian university students dealing with mental health challenges. (Halik et al., 2023)

At the institutional level, Nopriyanto et al. (2022) found a positive relationship between religious coping and resilience among healthcare workers: individuals who actively used religious coping strategies were better able to recover from occupational and academic pressure. This suggests that IRC functions not merely as a stress-reduction tool but as a broader resilience-sustaining resource. (Nopriyanto et al., 2026) Prahastuti et al. (2023) further confirmed that religious coping plays a significant role in mental health outcomes among young adults in Indonesia, particularly in reducing anxiety symptoms and improving overall psychological well-being. (Prahastuti, 2025)

Islamic Values and Mental Health Resilience

Beyond specific practices, participants described internalized Islamic values as providing a cognitive framework that helped them reframe academic adversity constructively. Three value clusters consistently emerged: the ikhtiar-tawakal dyad, framing study as a form of ibadah (worship), and the Quranic principle of inna ma'al 'usri yusra ('with hardship comes ease').

The ikhtiar-tawakal framework was the most frequently cited resilience resource. Participants reported that this value structure helped them maintain full effort without being overwhelmed by anxiety over outcomes beyond their control: their responsibility was to try their best (ikhtiar), while the final outcome rested with God (tawakal). This way of thinking appeared to reduce performance-related anxiety while sustaining engagement. Pratitis et al. (2022) found that individuals who draw on spiritual acceptance frameworks tend to report better psychological well-being and are more capable of managing high-pressure conditions. (Pratitis et al., 2022)

Framing academic study as a form of worship and social contribution provided participants with a sense of transcendent purpose that sustained motivation even when intrinsic academic drive waned. The belief that 'with hardship comes ease' offered temporal hope and a theologically grounded confidence that current difficulties are transitional. These findings resonate with the broader literature on religious coping and well-being: a 2024 study on Muslim university students in Indonesia found that positive religious coping was significantly associated with higher psychological well-being, including greater life satisfaction and lower emotional distress. (Efendy et al., 2024)

Digital Technology and Psycho Spiritual Balance

All participants acknowledged digital technology as a significant influence on both their mental health and spiritual practice, consistently recognizing its dual nature as both a risk and a resource. Social comparison via social media was identified as the primary digital psychological risk. Participants reported that exposure to peers' achievements and curated lifestyles on social media could lower self-confidence and trigger anxiety. Algorithmic content designs that encourage excessive scrolling were also cited as interfering with study time and, notably, with time set aside for spiritual practice. Nurlina et al. (2022) found a significant positive correlation between social media use intensity and anxiety levels among nursing students the higher the intensity, the higher the reported anxiety. (Nurlina et al., 2022)

Utami et al. (2024) similarly found that extended social media use among nursing students was associated with reduced emotional stability, affecting both sleep quality and academic performance. (Nurul et al., 2024) Conversely, participants who used digital technology with clear academic or spiritual intent reported positive outcomes: faster access to information reduced task-related cognitive burden, while Islamic educational and motivational content helped reinforce spiritual well-being. Ramadhani et al. (2024), in a systematic literature review, confirmed that the relationship between social media and mental health is bidirectional, with user intentionality and patterns of use rather than duration alone as the key determinants of outcome. (Ramadhani et al., 2024)

Across participants, variation in digital experience was associated with variation in self-regulation capacity. Those who actively filtered content and set intentional boundaries around social media use reported more positive digital experiences overall. Participants acknowledged that digital technology had both positive and negative impacts on their mental and spiritual well-being. Excessive social media use often triggered overthinking, distraction, procrastination, and social comparison. Some participants reported that prolonged scrolling reduced study focus and interfered with worship routines.

However, participants also explained that digital technology supported academic activities by facilitating access to learning resources, communication, and educational information. Several participants stated that they intentionally consumed Islamic lectures and motivational religious content through digital platforms to strengthen spirituality and emotional well-being. These findings show that students' digital experiences are influenced by self-control and intentional technology use. The findings suggest that balanced digital engagement is important in maintaining psycho-spiritual well-being among health students in the digital era. Proper technology management may help students reduce psychological pressure while supporting academic productivity and spiritual reinforcement.

LIMITATION OF THE STUDY

This study has several limitations that warrant acknowledgment. First, the purposive sample of four participants from a single institution limits transferability of findings to other Islamic health education contexts. Second, the self-report nature of interview data introduces social desirability bias, particularly regarding religious practice. Third, the cross-sectional design cannot establish causal relationships between IRC and resilience outcomes. Fourth, researcher positionality familiarity with the institutional context may introduce interpretive bias, though member-checking and peer debriefing were employed to mitigate this. Future research should employ larger, multi-site samples and longitudinal designs to strengthen evidence for causal claims.

CONCLUSIONS AND SUGGESTIONS

Islamic religious coping appears to be a meaningful and culturally embedded resilience resource for Muslim health students facing the compound pressures of final-year academic programs in the digital era. Practices such as shalat, dzikir, doa, and Quranic recitation were perceived to reduce stress, restore calm, and sustain academic motivation. Islamic values particularly the ikhtiar-tawakal framework and the belief in ease after hardship appeared to help students maintain engagement without being overwhelmed by outcome anxiety. Digital technology showed a bidirectional influence, with user intentionality as the primary moderating factor.

These findings suggest that institutions like STIKes Bina Putera Banjar should consider integrating psycho-spiritual approaches explicitly into student wellness programming, alongside digital literacy education that addresses mental and spiritual well-being. Peer

mentoring grounded in Islamic values and accessible academic counseling that recognizes IRC as a legitimate coping resource represent actionable directions. Future research should explore these dynamics through multi-site qualitative studies and develop validated IRC measurement instruments appropriate for Indonesian health student populations.

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