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RESEARCH ARTICLE

## Elaborating the Effect of Financial Health on Personal Resilience: The Mediating Role of Mental Health of Indonesian Educator during Crisis Times

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### Abstract

Educators are influential actors in a society, therefore the resilience of educators during the Covid-19 pandemic is important. This article attempts to discuss the personal resilience of educators and to examine the effect of physical, mental, and financial health on the personal resilience empirically. It's about 648 educators who have participated as the respondents. They consist of teachers (42%), lecturers (41%), society facilitator (12%), and corporate trainer (5%). Most of them are female (58%), had age less than 46 years old (68%), had bachelor's and master degree as educational background (68%), with more than five years of service (67%), and mostly live in East Java (65%). The obtained data were processed and analyzed by using PLS SEM and SmartPLS application. The results of the analysis explains that mental health plays a mediator role in the relationship between financial health and personal resilience. For establishing resilience of community during crisis times, it can be started with initiatives for improving or strengthening the mental health of the educators.

**Keywords:** personal resilience, mental health, financial health

## INTRODUCTION

In line with the advancement of civilization achieved by human being, disasters have continued to increase in the recent years. The recent disasters have been classified in two categories: (1) natural disasters - geophysical, meteorological, hydrological, climatological, and biological disasters, and (2) man-made disasters - technological disasters and sociological disasters<sup>1</sup>. COVID-19 as a biological disaster has developed as well as a sociological disaster. It did not only cause and spread the suffering of physical health, but it also has brought economic suffering to many people around the world. It has been contagious medically as well as economically around the world<sup>2</sup>.

COVID-19 has brought its own pressures and problems to various aspects of life, especially in the aspect of education in Indonesia<sup>3,4</sup>. Routine learning patterns that are centered traditionally through direct interaction between teachers and students in the class room have undergone a fundamental reshuffle into technology-based dispersed distance learning<sup>5</sup>. Facing those fundamental changes and enormous pressures, resilience becomes a strategic resources which needed by all social systems – both individuals, groups, and organizations to get through the COVID-19 related economic crisis safely and effectively<sup>6</sup>.

Personal resilience as a dynamic process for positive adaptation involves systemic capacity to overcome various disturbances that threaten individual function, survival, and development<sup>7</sup>. Educator as one of the

influential actor in a society play an important role for students, parents, and also the wider community<sup>8</sup>. Thus the personal resilience of educators – e.g., teachers, lecturers, corporate trainers, and community facilitator, also influences the personal resilience of society at large<sup>9</sup>.

Previous empirical studies have found that COVID-19 causes an increased level of anxiety in students in Indonesia, especially in families infected with COVID-19<sup>10,11</sup>. The implementation of social distancing, remote learning from home, and disruption of the family economy have triggered an increase in mental health disorders for students in Indonesia<sup>12,13</sup>. Fast and integrated intervention from the government, as well as support from various parties such as the community, parents and educators were becoming available alternative<sup>14,15</sup>. Based on those studies, this article tries to elaborate personal resilience of the educators - e.g., teachers, lecturers, corporate trainers and community facilitators and to examine the impact of health holistically on personal resilience. It is not only physical health, but also mental and financial health. A survey-based quantitative study was conducted to test the six developed hypotheses This analysis result are important for developing empirical based public policies in establishing personal resilience of educators which is related to physical, mental and emotional health.

## Personal Resilience

A systematic literature reviews<sup>7</sup> has concluded that personal resilience may be views as: (1)

individual characteristics or abilities, (2) interactive processes between individuals and their environment, and (3) collective capacities. This article views personal resilience as an individual ability or characteristic of an educator which through interaction with the students is expected to leverage collective capacities of community. Previous study conceptualized personal resilience into three dimensions, such as (1) ego resilience; (2) recalibration; and (3) interactions with the environment<sup>16</sup>. Meanwhile other study, personal resilience as individual abilities was defined by four dimension, such as (1) attitudes and perspectives, (2) balance and priorities, (3) efficient arrangements, and (4) supportive relationships. Based on the study<sup>17</sup>, this article consider an educator has high score on personal resilience, when he or she can have a positive attitude towards the pandemic, able to maintain balance and priorities, arranging personal need efficiently, as well as providing social supportive relationship to the students.

### Physical Health

World Health Organization in opening its constitutional document explains globally that health is "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity"<sup>18</sup>. Health is not merely the condition of being free from various diseases, but even higher, namely the physical, mental and social well-being of a person. This definition is actually outdated, it is no longer suitable for use, let alone for the purpose of designing and evaluating a health

system. Then, health is defined as an experience related to physical and psychological well-being<sup>19</sup>. Poor health and good health are a continuum or gradation, not a dichotomy<sup>20</sup>. The absence of disease or disability is not enough to produce excellent health conditions<sup>19</sup>. Physical health is an important part of the aspect of human capital, where individuals can get the best benefits from production and consumption because they have physical health<sup>21</sup>.

There are two types of self-reported outcomes that are usually used to determine physical health conditions, namely: by asking (1) whether a person has certain conditions or (2) whether a person has ever received a diagnosis of certain conditions from a health professional<sup>22</sup>. With regard to physical health, this article uses the first type of self-reported outcomes approach and develops the hypothesis whether physical health has a positive and significant effect on personal resilience. An empirical study conducted in Spain gave results that individuals who carry out vigorous physical activity during the period of independent isolation have better locus of control, self-efficacy, optimism, and inter-personal resilience than individuals who are in health risk conditions<sup>23</sup>. This indicates that activities and physical health have an influence on individual psychological conditions, including personal resilience.

*H<sub>1</sub>: Physical health has a significant effect on personal resilience*

## Mental Health

It is in line with or synonymous with psychological wellbeing<sup>24</sup>. Mental health is very important for living a fulfilled, balanced, and meaningful life<sup>25,26</sup>. Rather than living a problem-free life, a person with good mental health can bounce back from setbacks and still thrive despite facing many problems<sup>27</sup>. WHO defines mental health as a state of well-being in which individuals realize that with their abilities, they can cope with life's pressures, can work productively, and are able to make a meaningful contribution to their community<sup>28</sup>.

The latest survey conducted by the Indian Psychiatric Society shows a 20% increase in mental illness since the coronavirus outbreak in India<sup>29</sup>. Psychologists and mental health professionals argue that COVID-19 has also had an impact on the mental health of the global population with increasing cases of depression, suicide and self-harm, as well as other symptoms reported globally<sup>30-32</sup>. In addition, mood swings and emotional outbursts such as panic, fear, avoidance and fear of meeting other people, fear of death, fear of exclusion, stigmatization, fear of not even getting essential items, food, etc., may have distinct effects on mental health<sup>33</sup>.

This article defines mental health as a personal ability to control one's mentality - thoughts, feelings and behavior - to be effective in dealing with life's challenges and to put problems in proper perspective. This article defines mental health as a personal ability to control one's mentality - thoughts, feelings and behavior - to be effective in

dealing with life's challenges and to put problems in proper perspective. Positive Mental Health Scale<sup>34</sup> is used to measure mental health which is broken down into four aspects, such as: well-being, life satisfaction, self-esteem and ability to deal with stress. PMHS is used because it has 12 indicators that are simple and easy to understand by respondents who are dominated by educators and reflect mental health conditions in a social context. Related to mental health, this article develops two hypotheses, namely whether mental health has a positive and significant effect on personal resilience as well as physical health.

Previous empirical studies have proven that mental health affects various aspects including physical health and personal resilience. An empirical study conducted on 1000 students at the University of Niswaa in Oman shows that there is a positive correlation between mental health and personal resilience<sup>35</sup>. Another study used data from the English Longitudinal Study of Aging from 10,693 UK residents aged 50 years or older. The study found that there was a significant influence, both directly and indirectly, between past mental health and current physical health, as well as past physical health affecting present mental health. Based on the empirical findings above, this article develops two hypotheses, namely mental health affects personal resilience and also physical health<sup>21</sup>.

*H<sub>2</sub>: Mental health has a significant effect on personal resilience*

H<sub>3</sub>: *Mental health has a significant effect on physical health*

### Financial Health

Referring previous study, financial health is viewed as a personal ability to manage expenses, to minimize debt, to build wealth, and to handle financial difficulties effectively<sup>36</sup>. In addition, financial health is also related to the ability to secure food and housing needs which are social determinants of physical and mental health<sup>36</sup>

Several previous empirical studies have proven that financial health affects various aspects of individual or family life as well as physical-mental health or personal resilience. A study using longitudinal data from health insurance claims on 1209 employees in the United States explains that there is a temporal correlation between financial conditions (such as security, ability, and financial hardship) mental health and physical health in the following period. Financial security is positively correlated, while financial hardship is negatively correlated, with reported physical and mental health<sup>37</sup>.

Another empirical study of 296 youth and young families in Indonesia shows that family resilience is positively and significantly influenced by awareness of marriage laws, quality of parenting, and ability to manage family finances. Families who are better in terms of family financial management have better financial health so they are more resilient in dealing with the COVID-19 crisis<sup>38</sup>. Based on the two previous studies, this article develops the hypothesis that financial

health has a positive and significant effect on personal resilience, physical health, and also mental health.

H<sub>4</sub>: *Financial health has a significant effect on personal resilience*

H<sub>5</sub>: *Financial health has a significant effect on physical health*

H<sub>6</sub>: *Financial health has a significant effect on mental health*

### METHODS

This article is based on quantitative study with survey based approach. The study has involved participation of educators from several regional territories in Indonesia. Perceptual response data was collected from the targeted respondents through online questionnaires by using the Google Forms. Non-probabilistic sampling which were combining purposive and snowballing approach for sampling method. By distributing the digital questionnaire to targeted respondents and then getting a reference for the next respondents from the previous respondent is the most possible sampling approach.

This study has involved successfully about 648 educator as the respondents. The respondents consist of teachers from various educational level (42%); lecturers from various state and private universities (41%), facilitators from various communities (12%), and corporate trainers from various companies (5%). Most of the respondents are women (58%). Their ages are less than 46 years old (68%). Most of them have bachelor

and master degree as educational background (67%). They have been working as educators for more than ten years (65%). They were living in live in Surabaya or East Java (67%), Jakarta and West Java (18%), and outside of Java (15%).

Table 1. Profile of Respondents

		Category		
Gender	Male	274	42%	42%
	Female	374	58%	100%
Age	Less than 26 years old	43	7%	7%
	26 to 35 years old	209	32%	39%
	36 to 45 years old	191	29%	68%
	46 to 55 years old	160	25%	93%
	More than 55 years old	45	7%	100%
Educational Background	Vocational degree	87	13%	13%
	Bachelor degree	315	49%	62%
	Master degree	115	18%	80%
	Doctoral degree	86	13%	93%
	Others	45	7%	100%
Years of Teaching	Less than 3 years	28	4%	4%
	3 to 5 years	82	13%	17%
	6 to 10 years	120	19%	35%
	11 to 20 years	220	34%	69%
	21 to 30 years	110	17%	86%
	More than 30 years	88	14%	100%
Profession	Playgroup or Kindergarten teacher	75	12%	12%
	Elementary school teacher	86	13%	25%
	High school teacher	112	17%	42%
	Lecturer in higher education	263	41%	83%
	Corporate trainer	35	5%	88%
	Community Facilitator	77	12%	100%

Based on the literature reviews in previous session, this article has developed conceptual framework or research model which consist of four constructs as variables. Personal resilience (P\_RES) is as dependent or endogenous variable. Other three ones – physical health (PHY\_H), mental health (MEN\_H) and financial health (FIN\_H) are as independent or exogenous variables. As the dependent variable, P\_RES was measured by using an instrument with 10 indicators which are adapted from Connor-Davidson Resilience Scale or CD-RISC<sup>39</sup>. As a construct, P\_RES is described into two dimensions, such as resilience (TOUG, six indicators) and motivation (MOTV, four indicators). For assessing physical health, this article adopts Physical Health Questionnaires<sup>40</sup> as the instrument. The PHY\_H variable is reflected as a personal physical condition which is free from at least four main illnesses or disorders – e.g., sleep disorders (SLE\_D, four indicators), headaches (HED\_A, three indicators), digestive problems (GAS\_P, four indicators), and respiratory infections (RES\_I, three indicators).

For capturing mental health as a variable, all of indicators from Positive Mental Health Scale<sup>34</sup> was adapted the instrument. MEN\_H that is conceptualized into for dimensions, such as: Welfare (WEL\_B, four indicators), Life Satisfaction (LIF\_S, two indicators), Self-Esteem (SEL\_E, two indicators), and Stress Management (COP\_S, two indicators). Meanwhile for measuring financial health, list of indicators was adapted from the Klontz-Britt Financial Health Scale<sup>41</sup> which is

reflected in three dimensions, namely Global Indicators (GLO\_I, five indicators), ability to avoid Financial Problems (MON\_D, three indicators) and Risk Planning (RIS\_P, four indicators). Overall the research model or conceptual framework is constructed by four variables, with 13 dimensions, and 47 indicators. Figure 1 illustrates the developed research model or conceptual framework.

There are two analyzes carried out in this study - descriptive analysis and causal analysis. Prior to carrying out the analysis, a validity and reliability analysis was carried out on all the measurement instruments. It means for ascertaining only valid and reliable indicators, dimensions, and variables were used for descriptive or causal analysis. Descriptive analysis was conducted to see how high or low the personal resilience, physical health, mental health, and financial health of educators in Western Java (DKI Jaya, Banten, West Java, and Central Java), Eastern Java (Jawa Timur), Sumatra, Kalimantan, and other regions in Indonesia. Causal analysis was conducted to examine the significance of the impact of physical health, mental health and financial health on personal resilience. For causal analysis, this article test the six hypotheses statistically. In addition, a causal analysis was also carried out for each region using the multi group analysis.

## RESULTS

Table 2 displays the results of the validity and reliability analysis. Analysis of the validity of the indicators, using the Outer Loading

(OL) score as a parameter. Indicators that have an OL of less than 0.60 are excluded from the research model because they are considered invalid. Meanwhile, the validity for dimensions and variables uses scores of

average variance extracted (AVE) as a parameter. Table 2 shows that all variables and their dimensions have an AVE score of more than 0.50. This indicates that all variables and dimensions are valid.

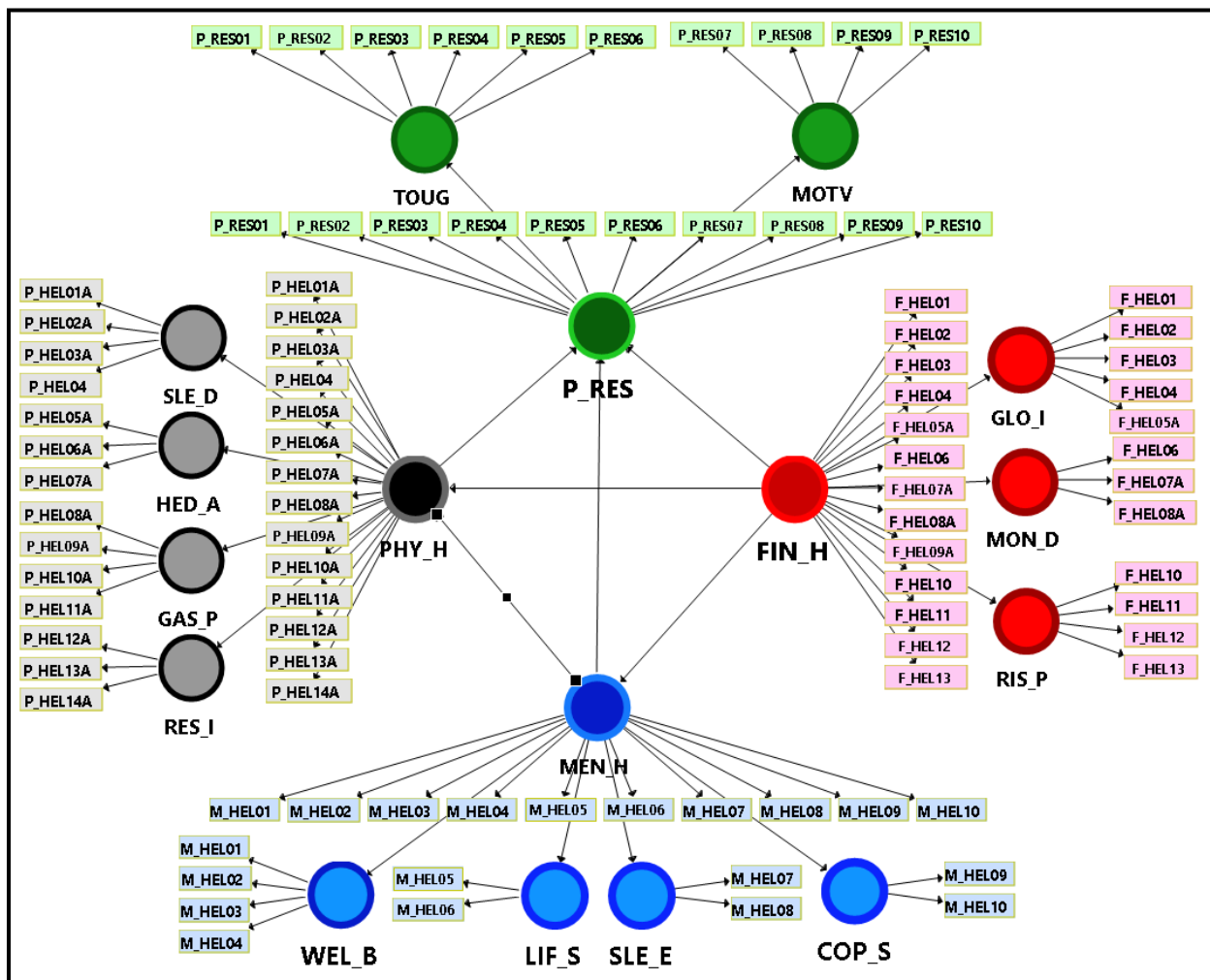


Figure 1 Proposed Research Model

For conducting reliability analysis, Cronbach's alpha (CA) or composite reliability (CR) are used as parameters. Table 2 shows that although not all dimensions and variables have CA score more than 0.70. But, all dimensions and variables have CR scores more than 0.70. It indicates that all

dimensions or variables are reliable. Based on the results of the validity and reliability analysis, the developed research model is ready for further analysis as shown in Figure 3.



Table 2. Results of Validity and Reliability Analysis

Dimension	Indicator	Description	OL	CA	CR	AVE
<b>Personal Resilience</b>				0.82	0.86	0.51
Toughness	P_RES06	Able to deal with whatever comes my way.	0.67			
	P_RES05	Not easily discouraged by failure.	0.68			
	P_RES01	Think of myself as a strong person when facing challenges.	0.71	0.75	0.83	0.5
	P_RES03	Believe I can achieve goals despite obstacles.	0.74			
	P_RES04	Under pressure I stay focused.	0.74			
Motivation	P_RES09	Able to deal with whatever comes my way.	0.85	0.57	0.78	0.54
	P_RES10	Not easily discouraged by failure.	0.81			
<b>Physical Health</b>				0.83	0.87	0.52
Sleep Disorder	P_HEL01A	Rarely experience difficulty sleeping at night	0.86	0.6	0.79	0.56
	P_HEL03A	Rarely experience nightmares or disturbing dreams	0.84			
Headache	P_HEL05A	Rarely experience headache or pain in the head	0.83			
	P_HEL06A	Rarely headache when there was a lot of pressures	0.87	0.8	0.91	0.84
	P_HEL07A	Rarely headache when you were frustrated	0.87			
Digestive Problem	P_HEL11A	Rarely constipated or suffer from diarrhea	0.73			
	P_HEL08A	Rarely suffered from an upset stomach	0.84	0.73	0.85	0.65
	P_HEL10A	Rarely ate carefully to avoid stomach upsets	0.85			
Respiratory Infection	P_HEL12A	Rarely have minor colds that made you feel uncomfortable	0.62			
	P_HEL13A	Rarely had a respiratory infection that caused bed rest	0.76	0.54	0.77	0.52
	P_HEL14A	Rarely have a cold or cough more than a week to heal	0.79			
<b>Mental Health</b>				0.86	0.89	0.54
Well Being	M_HEL01	I am often carefree and in good spirits	0.83			
	M_HEL03	I enjoy my life.	0.8	0.7	0.84	0.63
	M_HEL04	I manage well to fulfill my needs.	0.75			
Life Satisfaction	M_HEL05	All in all, I am satisfied with my life.	0.83	0.61	0.83	0.72
	M_HEL06	I am in good physical and emotional condition.	0.87			
Self Esteem	M_HEL09	In general, I am confident.	0.85	0.62	0.84	0.73
	M_HEL10	I feel that I am well equipped to deal with life difficulties	0.87			
Stress Management	M_HEL11	Much of what I do brings me joy.	0.85	0.66	0.85	0.75
	M_HEL12	I am a calm, balanced human being.	0.88			
<b>Financial Health</b>				0.78	0.83	0.57
Global Indicator	F_HEL01	I am proud of my current financial condition	0.68			
	F_HEL03	I invest in many ways to achieve my financial goals	0.8	0.71	0.82	0.54
	F_HEL04	I evaluate my plans or financial status periodically	0.71			
	F_HEL05	Financial issues that have been make me depressed	0.73			
Financial Problem	F_HEL08A	I feel something is wrong in the way I handle finances	0.86	0.7	0.87	0.77
	F_HEL07A	I spent more money than I could find it	0.89			
Risk Planning	F_HEL10	I have a plan for anticipating permanent disability	0.84	0.63	0.85	0.73
	F_HEL11	I have anticipatory steps for securing my finances	0.87			

After analyzing the validity and reliability, the next analysis is carried out on the measurement model. Measurement model analysis was carried out to test whether

between variables with all dimensions have a significant relationship. Table 3 explains that all variables have a significant influence on all dimensions.

Table 3 Analisis Model Pengukuran

Variable	Dimensions	Path Coefficient	t- Statistics	p-Values	Result
Personal Resilience	Motivation	0.82	51.79	0.00	Significant
	Toughness	0.95	191.72	0.00	Significant
Physical Health	Digestion Problem	0.83	53.59	0.00	Significant
	Headache	0.85	63.68	0.00	Significant
	Respiratory Problem	0.68	22.62	0.00	Significant
	Sleep Disorder	0.73	29.68	0.00	Significant
Mental Health	Stress Management	0.82	49.13	0.00	Significant
	Life Satisfaction	0.77	34.92	0.00	Significant
	Self Esteem	0.80	34.48	0.00	Significant
	Well Being	0.88	70.938	0.00	Significant
Financial Health	Global Indicator	0.93	135.49	0.00	Significant
	Financial Problems	0.45	7.43	0.00	Significant
	Risk Planning	0.82	46.70	0.00	Significant

Table 4 describes the results of the structural model analysis which can be used as a reference in hypothesis testing. A hypothesis is accepted if it shows a significant influence between one variable on another variable with a path coefficient that has a *t*-Statistics score more than 1.96 or a *p*-Value of less than 0.05. From six hypotheses was tested, two hypotheses were rejected, namely H<sub>1</sub> and H<sub>3</sub>. By rejecting the two hypotheses, it is known that physical health has no significant

effect on personal resilience (H<sub>1</sub>) and mental health does not have a significant effect on physical health (H<sub>3</sub>). While the other hypotheses - H<sub>2</sub>, H<sub>4</sub>, H<sub>5</sub>, and H<sub>6</sub>- are accepted. Mental health has a significant effect on personal resilience (H<sub>2</sub>). Financial health has a significant effect on personal resilience (H<sub>4</sub>), physical health (H<sub>5</sub>), and mental health (H<sub>6</sub>).

Table 4. Results of Structural Model Analysis

Hypotheses	Beta	t-Statistics	p-Values	Results
H <sub>1</sub> : Physical health → Personal resilience	0.001	<b>0.029</b>	<b>0.976</b>	<b>Rejected</b>
H <sub>2</sub> : Mental health → Personal resilience	0.533	9.624	0.000	Accepted
H <sub>3</sub> : Mental health → Physical health	0.113	<b>1.819</b>	<b>0.069</b>	<b>Rejected</b>
H <sub>4</sub> : Financial health → Personal resilience	0.083	1.986	0.047	Accepted
H <sub>5</sub> : Financial health → Physical health	0.248	4.807	0.000	Accepted
H <sub>6</sub> : Financial health → Mental health	0.500	15.848	0.000	Accepted

## DISCUSSIONS

Based on the measurement and descriptive analysis of the four variables, namely personal resilience, physical health, mental health, and financial health, the results are shown in Table 6 and Figure 3. In Table 6, we can see that the personal resilience of

educators throughout Indonesia is high. The same goes for physical health, mental health and financial health. Especially for mental health, educators in Sumatra have a very high degree of health. As for financial health, educators outside Java, Sumatra and Kalimantan have a moderate degree.

Table 5. Descriptive Statistics

Variable	Regional Territory									
	Western Java		Eastern Java		Sumatera		Kalimantan		Others	
<b>Personal Resilience</b>	<b>4.05</b>	<b>High</b>	<b>3.87</b>	<b>High</b>	<b>4.06</b>	<b>High</b>	<b>3.79</b>	<b>High</b>	<b>3.89</b>	<b>High</b>
Toughness	4.08	High	3.86	High	4.03	High	3.76	High	3.90	High
Motivation	3.99	High	3.88	High	4.15	High	3.84	High	3.87	High
<b>Physical Health</b>	<b>3.81</b>	<b>High</b>	<b>3.80</b>	<b>High</b>	<b>3.92</b>	<b>High</b>	<b>3.88</b>	<b>High</b>	<b>3.70</b>	<b>High</b>
Sleep Disorder	4.02	High	3.87	High	3.91	High	3.88	High	3.89	High
Headache	3.65	High	3.63	High	3.78	High	3.69	High	3.52	High
Digestion Problem	3.93	High	3.85	High	4.08	High	3.87	High	3.87	High
Respiratory Infection	3.76	High	3.91	High	3.98	High	4.08	High	3.62	High
<b>Mental Health</b>	<b>4.14</b>	<b>High</b>	<b>4.04</b>	<b>High</b>	<b>4.27</b>	<b>Very High</b>	<b>3.99</b>	<b>High</b>	<b>4.00</b>	<b>High</b>
Well Being	4.03	High	4.03	High	4.27	Very High	4.06	High	4.10	High
Life Satisfaction	4.14	High	4.09	High	4.21	Very High	4.07	High	3.80	High
Self Esteem	4.32	Very High	4.09	High	4.38	Very High	4.09	High	4.00	High
Stress Management	4.12	High	3.97	High	4.25	Very High	3.72	High	4.04	High
<b>Financial Health</b>	<b>3.60</b>	<b>High</b>	<b>3.46</b>	<b>High</b>	<b>3.67</b>	<b>High</b>	<b>3.52</b>	<b>High</b>	<b>3.32</b>	<b>Medium</b>
Global Indicator	3.46	High	3.34	High	3.60	High	3.40	Medium	3.23	Medium
Financial Problem	3.74	High	3.67	High	3.88	High	3.72	High	3.63	Medium
Risk Planning	3.74	High	3.48	High	3.61	High	3.54	High	3.20	Medium

Figure 2 shows a comparison between regions that educators from Sumatra have higher scores for personal resilience, physical health, mental health, and financial health than educators in Java (both West and East Java), Kalimantan, and other regions. Meanwhile, educators in Western Java had higher scores for personal resilience, physical health, mental health, and financial health than teachers in Eastern Java. Educators in Kalimantan have the lowest personal resilience of all regions. The financial and physical health of educators in the others

region is the lowest of all regions when compared to educators in Java, Sumatra and Kalimantan.

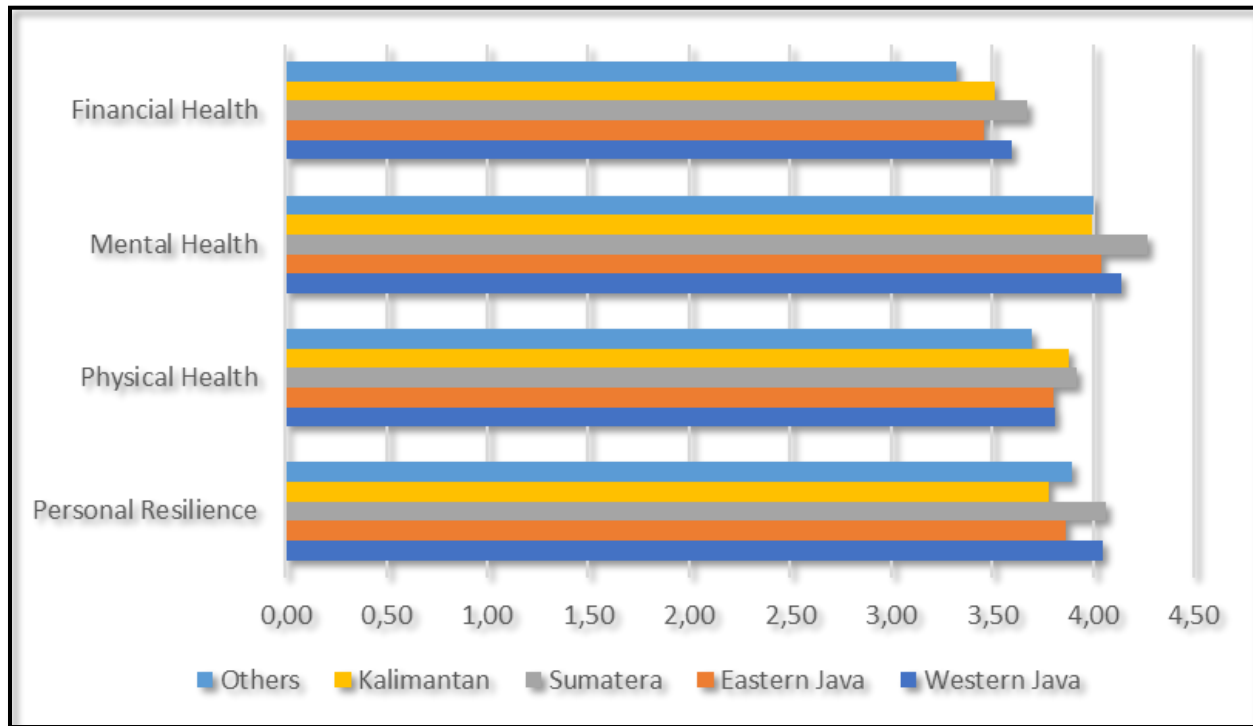


Figure 2. Comparison among Regional Territories

From the results of the bootstrapping analysis using SmartPLS, the results are as shown in Figure 3. This figure explains well that the personal resilience of educators is positively and significantly influenced by mental health and financial health. Meanwhile, financial health is also influenced by financial health. Financial health has a direct or indirect effect on the personal resilience of educators. From the calculation of the impact of direct influence of 0.083 and the impact of indirect influence of 0.267 (= 0.533 x 0.500). Because the impact of indirect influence is greater than the impact of direct influence, it is understandable that mental health plays a mediator role in the relationship between financial health and personal resilience. This means that financial

health affects mental health first, then mental health affects personal resilience.

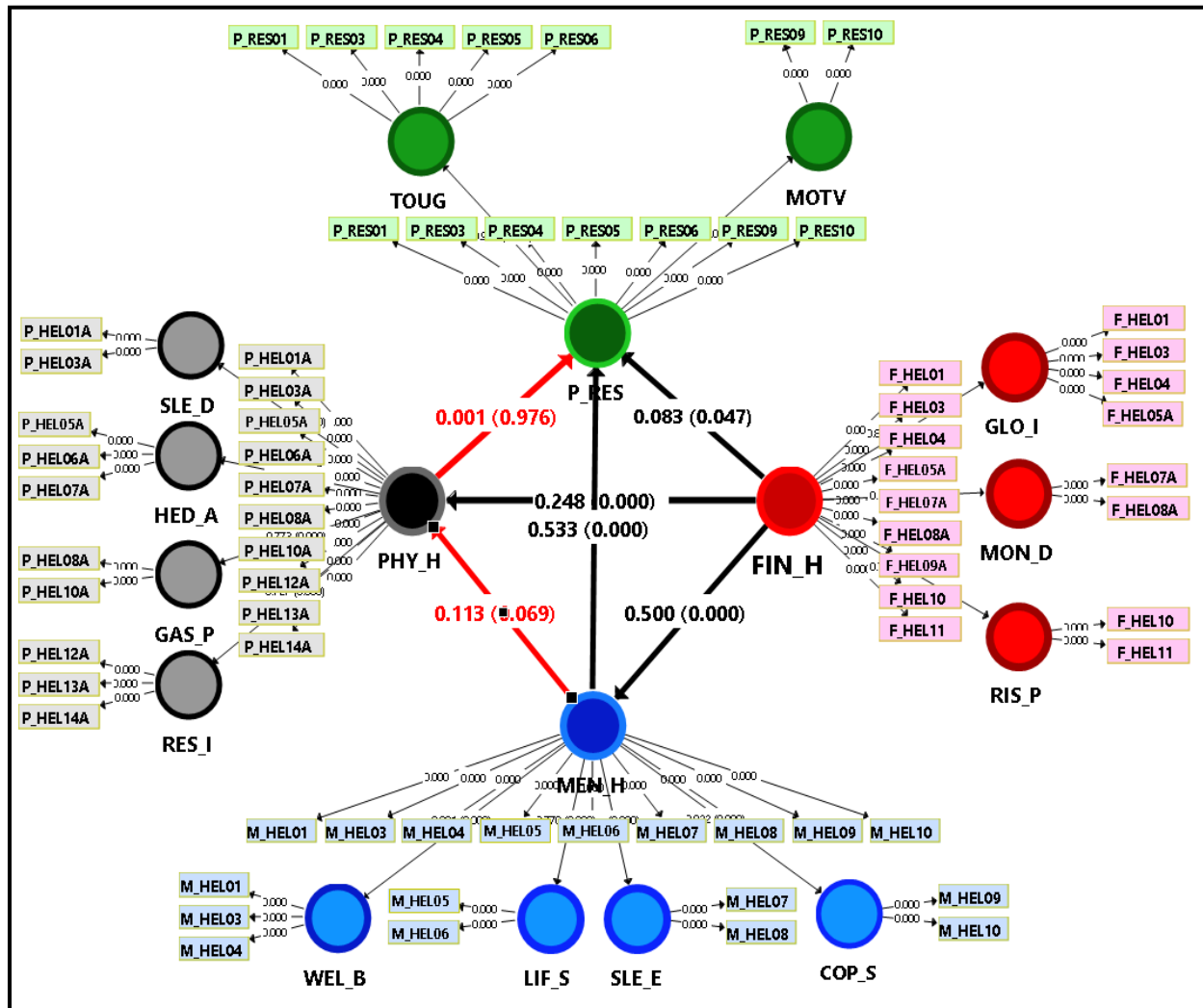


Figure 3. Results of Bootstrapping Analysis on the Research Model

Figure 4 explains that if the research model is tested by region, it will also show different patterns. For the Eastern Java region, the pattern is the same as the general conclusion. Meanwhile, in West Java, the pattern is similar to that in Kalimantan and other areas. Financial health only affects mental health. Mental health does not affect personal resilience or physical health. Meanwhile in Sumatra, financial health has absolutely no effect on personal resilience,

physical health, or mental health. Personal resilience is solely influenced by mental health. From this multi-group analysis we can understand that mental health is truly the main cause of personal resilience and that mental health is heavily influenced by financial health.

#### Physical health as a moderator.

The results of this study found that physical health did not have a significant effect on

personal resilience. Although previous studies have proven that there is an effect of physical health on personal resilience<sup>42,43</sup>. Previous studies found that a decrease in symptoms of physical health disorders had an effect on personal resilience<sup>42</sup> and an increase in personal resilience related to physical activity in people with psychosomatic

disorders and controls<sup>43</sup>. This opens up the notion that physical health has a greater effect on personal resilience in patients suffering from physical ailments than in people who are in good health. It is as if the health condition of the individual acts as a moderator in the relationship between physical health and personal resilience.

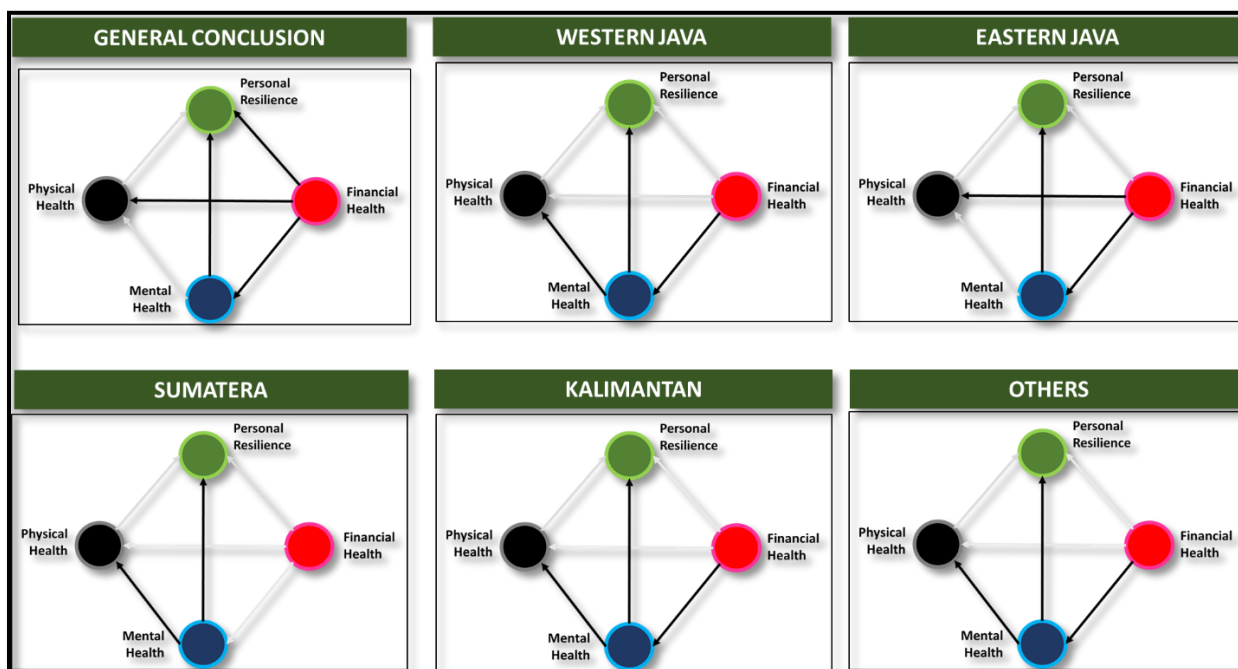


Figure 4. Result of Multi Group Analysis by Regional Territories

**Mental health as a mediator.** This study found that mental health is a mediator of the effect of financial health on personal resilience. This is in line with previous study<sup>44</sup>. The study found that coping strategies play a role as mediators of the positive emotional impact of personal resilience. In this study, coping strategy is equated with stress management, which is a dimension of mental health. While positive emotions can also be equated with "feeling proud of the current

financial condition" which is one indicator of financial health (F\_HEL01).

**The impact of financial health on personal resilience.**

The results of this study strengthen previous empirical studies regarding the impact of financial health on physical health. The study found that financial distress factors have a significant influence on psychological distress, especially those related to housing

and job security<sup>45</sup>. High personal resilience is a significant protective factor against high psychological distress associated with financial problems. This indirectly indicates that financial health also influences personal resilience.

#### **The impact of financial health on physical health.**

The results of this study also reinforce previous empirical studies regarding the impact of financial health on physical health, such as: (1) financial literacy as part of financial health has an impact on physical health<sup>46</sup>; (2) financial burden has a significant effect on health care related to sarcopenia or low muscle mass<sup>47</sup>; (3) lower cardiovascular health in middle-aged women and men is affected by financial stress<sup>48</sup>; and (4) financial crisis had an impact on oral health indicators in various countries<sup>49</sup>.

#### **The impact of financial health on mental health.**

The results of this study also reinforce previous empirical studies regarding the effect of financial health on mental health: (1) financial satisfaction is the most influential factor on life satisfaction<sup>50</sup>; (2) financial burden due to cancer treatment has a significant effect on quality of life where the quality of life component is well-being which is also a dimension of mental health<sup>51</sup>, (3) financial pressure increased depressive symptoms in women<sup>52</sup>, (4) financially exploited showed significantly greater symptoms of depression and anxiety<sup>53</sup> and also had suicidal ideation<sup>54</sup>. The results of

this study reinforce the conclusion that financially healthy towards a healthy mentality also faces a crisis.

#### **CONCLUSION**

The personal resilience of educators is sufficient in various regions in Indonesia and can be increased or maintained by improving and maintaining mental health as well as financial health. Mental health is a factor that influences personal resilience and financial health also has a direct and indirect effect on personal resilience. In some regions, such as Sumatra, the financial health of educators does not have a significant impact on mental health or personal resilience. Meanwhile in West Java, East Java, Kalimantan and other areas, financial health affects mental health. This article has limitations in terms of sampling method which is non-probabilistic and not proportional to the total population in the five existing regions. For further study, it is recommended to collaborate with governmental institutions which are responsible to manage and support educators – teachers, lecturers, corporate trainers, and community facilitators.

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