Peer support and the mental health of Indonesian migrant workers: The mediating role of spiritual well-being and coping strategies

M. Nur Ghufron ,[1]* Khilman Rofi' Azmi ,[1] Haekal Adha Al-Giffari [2]

[1]Islamic Education Guidance and Counseling Study Program, Faculty of Tarbiyah, Institut Agama Islam Negeri Kudus, Kudus – Indonesia; [2]Department of Communication, Kulliyyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia, Kuala Lumpur – Malaysia

Abstract: Peer support has been highlighted as an important factor in the mental health of Indonesian migrant workers abroad. Although many studies have investigated spiritual well-being and coping strategies, few have investigated the role of these as mediating variables. This study aims to determine the direct and indirect influences of peer support on mental health through the spiritual well-being and coping strategies of Indonesian migrant workers living abroad. The research participants were 183 Indonesian migrant workers based overseas. The sampling technique employed was convenience sampling. The data collection technique used was a scale questionnaire, including the peer support scale, coping strategy scale, spiritual well-being scale and mental health scale. The technique for analyzing the data was structural equation modeling. The results show that peer support (β = .247, p < .01), spiritual well-being (β = .176, p < .01), and coping strategies (β = .514, p < .01) had a direct effect on mental health. At the same time, there was an indirect effect of peer support (β = .159, p < .01), which was mediated by spiritual well-being and coping strategies. The research has theoretical implications regarding the importance of the encouragement of friends for the mental health of Indonesian migrant workers, especially when reinforced with spiritual well-being and coping strategies.

Keywords: coping strategies; mental health; migrant workers; peer support; spiritual well-being

*****Corresponding Author:** M. Nur Ghufron (emnurghufron78@iainkudus.ac.id), Faculty of Tarbiyah, Institut Agama Islam Negeri Kudus, Jl. Conge Ngembalrejo, Ngembal Rejo, Ngembalrejo, Kabupaten Kudus, Jawa Tengah 59322 – Indonesia.

Introduction

Globalization has eliminated boundaries between many countries worldwide and brought about significant technological developments, resulting in a notable flow of human migration. Migration is an attractive proposition for finding suitable work and improving one's welfare. According to the International Organization for Migration (IOM) (2020), international migrants increased significantly from 84 million in 1970 to 272 million in 2019.

A report from the Indonesian Migrant Worker Protection Agency (Badan Pelindungan Pekerja Migran Indonesia, 2022) showed that there was a significant increase in Indonesian migrant workers, rising from 72,624 in 2021 to 200,761 in 2022, which is divided into formal and informal sectors. Of this number, Hong Kong was the main destination country for Indonesian migrant workers abroad, hosting a total of 30,163, the equivalent of 37.66%. This was followed by Taiwan, with 21,710 workers; South Korea, with 4,982; Malaysia, with 4,954, and 3.532 workers were based in Singapore and 3.335 in Japan respectively; 2,505 in Saudi Arabia; and 1,962 in Italy. Most Indonesian migrants, 24.032, came from East Java, followed by Central Java and West Java, with 21,613 and 14,016 workers, respectively.

Hasan et al. (2021) state that migrant workers are generally employed for 3D-related work (dangerous, dirty, complex) or temporary work, which increases exposure to hazardous environments at unsafe workplaces. Such workers are at a higher risk of workplace injury due to inadequate safety protections. Migrant workers also reported (by the Indonesian Migrant Worker Protection Agency) to face poor working conditions, such as low wages, higher working hours, lower job security, and workplace abuse. Workplace hazards and poor working environments increase migrant workers' vulnerability, resulting in health impacts, especially in terms of mental health.

The most commonly reported mental health problem among migrant workers is depressive symptoms (Lam & Johnston, 2015; Mucci et al., 2019). A systematic review that examined psychological disorders among migrant workers also found that they experienced other problems, such as anxiety, alcohol or harmful chemical abuse, and poor sleep quality. Such conditions, such as the psychological pressure experienced by migrant workers, are generally associated with factors including stress or financial difficulties; health risks (due to working conditions); limited access to health services; and social problems such as language barriers and discrimination (Adhikary et al., 2018; Devkota et al., 2021; Lecerof et al., 2016; Selian et al., 2022).

The Indonesian Migrant Worker Protection Board (Badan Pelindungan Pekerja Migran Indonesia, 2022) reported that in January 2022, the largest number of complaints from Indonesian migrant workers originated from Malaysia, with 64 complaints. Taiwan had the second-highest number of complaints, with 24, followed by Saudi Arabia, Hong Kong, and Poland. Of the 146 cases, unsuccessful depart was the category with the largest number of complaints, followed by deaths in the destination country, illegal recruitment, requests to return home, and job opportunity fraud. According to Iqbal and Verdaningrum (2016), Indonesian migrant workers who have only recently gone abroad face a different culture, which causes them to experience culture shock, with some also feeling lonely, having lost contact with their family, children, wives/ husbands, and other relatives. In addition, some migrant workers fail to save from their pay because they lead excessive lifestyles. Therefore, mental health is a crucial issue for Indonesian migrant workers.

Humans, as social creatures, cannot be separated from other individuals. They have a relationship with nature, each other, and with God. The support they receive from others is very important for their survival. They cannot live

without interaction and support from those around them. Social ties and intimate relationships with others provide emotional satisfaction in people's lives, as such relationships can relieve stress and help to overcome problems faced (Taylor, 1995). They are also a source of quality in human life (Johnson & Johnson, 1991).

Peer support is a part of social support (Wang et al., 2021). It refers to assistance obtained through interpersonal relationships with people closest to you who can help resolve both material and non-material problems. Peer support is a system of giving and receiving help based on the main principles of respect, shared responsibility, and agreement about what is beneficial. A peer is defined as an equal, someone who shares demographic or social similarities, while support refers to forms of empathy, encouragement, and help that people with similar experiences can offer in reciprocal relationships (Shalaby & Agyapong, 2020; Wardani & Sugiharto, 2020).

The results of a previous study (Wang et al., 2021) showed that peer support and flourishing are solutions that can significantly improve the mental health of migrant workers in Australia (du Plooy et al., 2019; Komarudin et al., 2022). Concerning peer support, other research that supports Du Plooy's supports findings is that of Ho et al. (2022), who found that the role of peer support has proven to be effective and can be performed appropriately for migrant workers. Many immigrants often maintain their presence in a new society by forming new social networks. These are considered one of the most important ways to maintain psychological resilience in the form of a mechanism that helps to overcome various problems (Omi & Winant, 2014). Migrants face many stresses and difficulties related to their finances and work, personal relationships, and the formation of social relationships, all of which have a clear impact on their mental health (Wong & Leung, 2008). Adaptation challenges can lead to psychological strains and difficulties faced by

migrants, who need to form protective processes and mechanisms to help them to manage stress and maintain their mental health (Vidal de Haymes et al., 2011). The mental health of migrants is often linked to the social networks that connect them with others they meet in their home communities (Djundeva & Ellwardt, 2020). Therefore, strengthening such networks and forming social support strategies from friends can improve migrants' mental health (Wen & Hanley, 2016).

Social support, such as that from peers, is one of the most important factors in reducing the negative impact of discrimination that migrants can experience and its negative impact on their limited participation in social life (Saasa, 2019). In addition, participating in social life and new cultural communities, which facilitates the integration process, positively reflects life satisfaction and interaction with the environment (Haslam et al., 2022). Therefore, the presence of formal and informal social networks and social support from peers in a new environment can contribute to increasing the resilience and mental health of migrants.

Besides peer support, spiritual well-being is also an important variable related to mental health. Recent research on spirituality and religion has been growing (Malviya, 2023; Muarifah et al., 2024; Simpson et al., 2007). Researchers have extensively studied the influence of religion, spirituality, and spiritual well-being on mental health. Their studies have obtained a wide range of findings showing that religious and spiritual beliefs have a significant relationship with various mental health indicators, such as decreased anxiety, depression, increased self-esteem, tolerance, and self-control (Bergin, 1991; Kuswandari & Ulfah, 2022). Significant correlations have been reported between spiritual well-being and variables such as religious deeds (Bassett et al., 1991), depression; self-esteem and internal religious orientation (Genia, 2001);

emotional well-being and life satisfaction (Kim et al., 2000); emotional instability; mood disorders (Leach & Lark, 2004); and stress (Woodbury, 1992). As psychological discomfort can occur throughout life, creating and maintaining a sense of spiritual well-being plays an important role in adaptation to stress. Research shows that spiritual well-being has a positive influence on improving one's mental health and reducing mental disorders, especially in the case of migrants working abroad (Fauk et al., 2022).

In addition to peer support and spiritual well-being variables, several studies (Fauk et al., 2022; Genia, 2001; Kim et al., 2000) have shown that coping strategies are also related to mental health. Coping can be defined as the thoughts and behavior used to manage the demands of internal and external situations that are considered stress triggers (Agbaria & Mokh, 2022). Coping strategies refer to behavioral and psychological efforts that individuals make to master, tolerate, reduce, or minimize the impact of stressful events (Bourduge et al., 2022). The findings of Buizza et al. (2022) demonstrated that coping strategies are predictors of mental health.

Several studies have been conducted on the coping strategies of migrants and refugees. Their findings show that migrants' coping efforts vary in overcoming problems, depending on several factors such as migration and acculturation experience; status in the host country; attachment to the native culture; drug use; running away from the employer or workplace; or increased devotion to worship or religious activities. Research conducted among Thai migrant workers in Norway found adopting Thai cultural practices and Buddhist cognitive thinking to be the primary coping strategy (Tschirhart et al., 2019). Ikafa et al. (2022) also showed that African migrants in Australia relied on family support and belief in God as coping strategies.

Halcón et al. (2004) demonstrated that Somali and Ethiopian refugees were the largest group to use the coping mechanism of praying more. Several studies have shown that Ethiopian women migrants to the Middle East use different coping strategies when working as domestic servants in Arab countries and after their return (Nisrane et al., 2020; Terefe, 2015; Zeleke et al., 2015). For example, they use problem-focused coping, especially running away from their employers' homes, and emotion-focused coping, praying or crying to cope with the hardships faced. They also seek reason and benefits to deal with traumatic experiences. Based on the discussion above, it can be concluded that external support in the form of friends is an important factor in mental health. Apart from external factors, internal factors in the form of spiritual well-being and coping strategies are also important for mental health.

Various studies have been conducted on the mental health of migrant workers, such as those of Lee and Chanaka (2022) and Ornek et al. (2020), who found that the type of work of migrant workers, especially that which is temporary, greatly influences their mental health. The results of other research also show that there is a significant difference in the influence between migrant workers and residents who are forced to move because of mental health. In general, migrant workers who go voluntarily to certain countries have better mental health than local residents who are forcibly relocated (Carroll et al., 2023). Another study revealed that migrant workers have a higher potential risk of poor mental health compared to non-migrant ones (Devkota et al., 2021). Similar research results also confirm differences in the quality of life between migrants and natives in Germany (Buchcik et al., 2021). Low mental health in migrant workers can result in severe symptoms, such as stress and depression, and even suicide (Xiao et al., 2022). This is also the case with Indonesian migrant workers abroad, who show high-risk behavior patterns when their mental health worsens, which is exacerbated by symptoms that the surrounding environment

cannot recognise. On the other hand, more broadly, Dombou et al.'s (2022) findings reveal that various obstacles (minimum literacy, psychological symptoms, and accessibility) and the lack of mental health services for migrants in developed countries are problems that can worsen their condition.

Moreover, mental health problems for female workers have also become a concern for researchers. The findings of research by Anjara (2017) indicate that the increase in the number of female migrant workers in Singapore has the potential to increase levels of stress and social isolation, which can have an impact on health and quality of life.

This research, therefore, aims to examine the effect of peer support on the mental health of Indonesian migrant workers abroad, with spiritual well-being and coping strategies as moderating variables. The study differs from the previous in terms of the problems, respondents, and variables considered.

The aim of the research is to determine the direct and indirect influences of peer support on mental health through the spiritual well-being and coping strategies of Indonesian migrant workers abroad.

Methods

Research Participants

The participants were 183 Indonesian migrants working abroad. The sampling technique employed was convenience sampling. In this approach, researchers choose subjects who are willing to be researched. However, because they are not taken systematically, it cannot be said if they are representative of a population. Nevertheless, they can provide useful information to answer research questions or hypotheses. For more details of the participants' characteristics, see Table 1.

Research Instruments

The data collection instrument employed was a scale questionnaire with four types of scale: a peer support scale, a coping strategy scale, a spiritual well-being scale, and a mental health scale.

Mental health includes an individual's ability to enjoy or gain pleasure in life and to achieve a balance between various life activities and efforts to achieve psychological resilience. For this study, mental health was assessed by the Stress Diagnostic Survey (SDS) and Workplace Stress Scale (WSS) (Shahzad, 2011), which were modified with indicators such as individual workload, social support, work conflict, and job security; together with individual responses to stress. Examples of statements were "I find it difficult to adapt to the culture and daily life in this country as a migrant worker" and "I feel alone or isolated in the country where I work as a migrant." The calculation result of mental health reliability was .89.

Peer support in this study refers to the assistance that individuals receive through interpersonal relationships with those closest to them, as a need who can help solve problems in both material and non-material forms. It was determined using a social support scale which was modified following House and Kahn (in Cohen & Syme, 1985), with indicators in the form of emotional support, appraisal support, informational support, and instrumental support; for example, "My friends often give me suggestions and advice about my work" and "When I have a big problem, I don't tell my friends because they will blame me." The calculation result of peer support reliability was .86.

Spiritual well-being is a personal condition that reflects positive feelings, thoughts, and behavior from relationships with oneself, others, nature, and the transcendent, which in turn gives individuals a sense of identity, wholeness, satis-

Table 1

Participant Characteristics (N=183)

Variable	N	Percentage
Gender		
Female	129	70.5
Male	54	29.5
Age		
< 19	38	20.7
20-30	94	51.4
>31	51	27.9
Country of Work		
Malaysia	123	67.2
Saudi Arabia	26	14.2
United Arab Emirates	2	1.1
Hong Kong	18	9.8
Taiwan	4	2.2
South Korea	10	5.5

faction, joy, contentment, beauty, love, respect, a positive attitude, inner peace and harmony, and purpose and direction in life. Spiritual well-being was revealed by Ellison's (1983) Spiritual Well-Being Scale (SWBS), which was modified with life purpose indicators: the meaning of life, life satisfaction, and life peace. Examples of statements were "I often feel entertained or find peace in religious activities." and "I feel religion provides meaning and purpose to my life." The calculation result of spiritual well-being reliability was .88.

Coping strategies are efforts individuals make to deal with stressful or threatening situations by using existing resources to reduce the level of the stress or pressure experienced. The coping strategies in this research were based on the theory of Lazarus and Folkman (1984), which is divided into two aspects: dealing with stress directed at problems causing stress (problem-focused coping) or directed at controlling emotions (emotionally-focused coping), which aims to master, regulate and direct emotional responses to stressful situations. Examples of statements were: "I have coping strategies (how to handle problems/stress) to face challenges as a migrant worker" and "When I have a problem that

is difficult to solve, I seek professionals' help in the country where I work". The calculation result of coping strategy reliability was .90.

The data analysis technique was structural equation modeling, supported by the Analysis of Moment Structures software program.

Results

Before analyzing the model, the descriptive research data for each scale will first be presented, as summarised in Table 2. In Table 2, it can be seen that the peer support variable obtained an empirical mean value of 11.19, with a standard deviation value of 1.561; the coping strategy variable achieved an empirical mean value of 5.27, with a standard deviation value of 1.140; the spiritual well-being variable obtained an empirical mean value of 9.57, with a standard deviation value of 2.401; and the mental health variable achieved an empirical mean value of 10.67, with a standard deviation value of 1.765.

Before analyzing the overall structural equation model, a unidimensionality test was conducted on each construct using confirmatory factor analysis before analyzing the overall structural equation model. The analysis results

show that the proposed model design corresponds to the empirical data, indicating that the proposed model is fit. The confirmatory analysis results also show that the indicators for each variable have standardized loading factor values above .50, apart from the workload indicator on the mental health variable. However, the overall model was good so that the research could continue to the next step.

After several proposed conditions are met, the next step is to examine the hypothesis by testing the theoretical model data with the overall empirical data. In Figure 1, it can be seen that the chi-square is 83.682 (DF = 72 p = .163), CMIN/DF = 1.162, GFI = .940, AGFI = .912, TLI = .982 and RMSEA = .030. Therefore, the proposed model design, as shown in the figure, is not significantly different from the empirical data. Based on these results, it was not necessary to modify the model so it could be used in the research. This means that the hypothesis that proposes compatibility between the theoretical model and empirical data can be accepted.

Through the AMOS statistical program, the results of the regression weights between latent variables can be analyzed and calculated; these are often referred to as the estimated loading factors or lambda values. Besides the degrees of freedom (DF), the CR or t-count values can also be established. Based on the t-count significance with a probability value (p) = .05. The results of the regression weight causality test are shown in Table 3. In Table 3, it can be seen that peer support has a positive influence on mental health (β = .247, p = .010), on spiritual well-being (β = .176, p = .052), and that it has a direct positive influence on coping strategy (β = .251, p = .032). Spiritual well-being has a positive effect on mental health (β = .169, p = .032), and coping strategies also have a positive effect on mental health (β = .514, p = .000). In summary, the relationship has a significant impact. The calculation results also demonstrate that the influence of peer support variables on mental health directly or mediated through spiritual well-being and coping strategies is acceptable.

The level of the influence of each latent variable directly (standardized direct effect) and indirectly (standardized indirect effect), together with the total effect (standardized total effect), are summarised in Table 4.
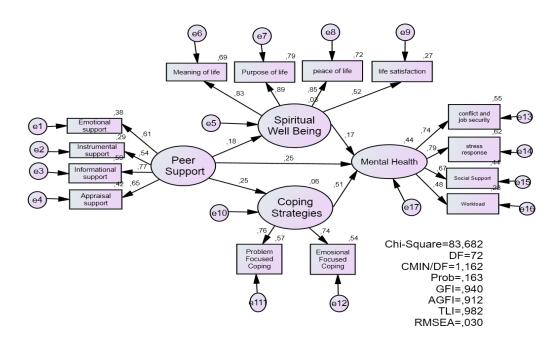
Discussion

The research results show that peer support variables, spiritual well-being, and coping strategies have a direct influence on mental health. They also indicate that the variables of spiritual well-being and coping strategy can be mediating variables in the influence of peer support on mental health.

The results also indicate that the variables of peer support, spiritual well-being, and coping strategies influence mental health; migrant workers who have high levels of these also have high mental health.

Table 2
Description of the Research Data

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Peer Support	183	6	16	11.19	1.561
Coping Strategies	183	2	7	5.27	1.140
Spiritual Well-being	183	4	16	9.57	2.401
Mental Health	183	4	16	10.67	1.765

Figure 1

Results of Structural Equation Model Analysis

Table 3

Results of Regression Weight Causality Test

Relationship between variables	Estimate	S.E	CR	p
Peer Support Variables for Spiritual Well-being	.176	.159	1.943	.052
Peer Support Variables for Coping Strategies	.251	.172	2.150	.032
Spiritual Well-being Variables for Mental Health	.169	.055	2.143	.032
Coping Strategy Variables on Mental Health	.514	.091	4.674	.000
Peer Support Variable for Mental Health	.247	.117	2.576	.010

Table 4

Direct Effects, Indirect Effects and Total Effects

Variable	Direct Effects	Indirect Effects	Total effects
Peer Support for Spiritual Well-being	.176	.000	.176
Peer Support for Coping Strategy	.370	.000	.370
Peer Support for Mental Health	.300	.159	.300
Spiritual Well-being for Mental health	.117	.000	.117
Coping Strategy for Mental Health	.424	.000	.424

It is demonstrated that peer support positively correlates with mental health (β = .247, p = .010). The results are by previous research conducted by Pfeiffer et al. (2011), Omi and Winant (2014), Wen and Hanley (2016), Badali et al. (2017), du Plooy et al. (2019), Zerach and Elklit (2020), Paloma et al. (2020), Lee et al. (2022), Al-Dwaikat et al. (2021) and Ho et al. (2022).

Peer support also refers to providing assistance to others through specific mental or material means to help them cope with stress (Al-Dwaikat et al., 2021). As a positive external source, peer support can help those with psychological or physical problems; relieve psychological pressure; and improve the quality of life (Zerach & Elklit, 2020). Social networks such as peer support are considered one of the most important ways to maintain psychological resilience, a mechanism which helps face challenges (Omi & Winant, 2014). The adaptation challenges caused by the reality of migration can lead to the psychological tensions and difficulties faced by migrants, which can cause them to establish protective processes and mechanisms that help them manage stress and maintain their mental health (Djundeva & Ellwardt, 2020; Vidal de Haymes et al., 2011). Therefore, strengthening social networks and establishing social support strategies improves migrants' mental health by helping them manage the challenges faced and facilitating their integration into the new society (Wen & Hanley, 2016).

Social support, such as from friends, is one of the most critical factors in reducing the negative impact of discrimination, which migrants may experience, and their limited participation in social life (Saasa, 2019). Moreover, participating in social life and new cultural communities, which provides a platform for social support and facilitates integration, positively reflects life satisfaction and interaction with the environment (Haslam et al., 2022). Therefore, the existence of social networks and social support from friends in a new environment can contribute both formally and informally to increasing the resilience and mental health of migrants.

Besides peer support, the study results show that spiritual well-being also has a positive effect on mental health (β = .169, p = .032), in line with previous research (Clark & Hunter, 2019; Coppola et al., 2021; Fauk et al., 2022; Gray, 2017; Hamka et al., 2020; Kharameh et al., 2014; Koenig, 2020; Malviya, 2023; You et al., 2019).

Spirituality is a source of comfort, support, and meaning (Gray, 2017), strengthens ideas of belonging and existential connection, and improves mental health (Jafari et al., 2010). Spiritual well-being supports individuals in determining their attitudes and life goals (Chou et al., 2016). Possessing good spirituality can also give the perception of well-being and good physical and mental health (Gray, 2017).

Spiritual well-being is also an indicator of an individual's ability to overcome threats and changes throughout their life (Li et al., 2022) and the essential human dimension of health (Aktürk & Aktürk, 2020), which is manifested in four aspects: the relationship with oneself, with others, with the environment, and with transcendence (Solaimanizadeh et al., 2020). Spiritual well-being is the power to coordinate physical, psychological, and social dimensions (Garduño-Ortega et al., 2021), playing a primary role in helping migrants reduce negative emotions and reconstruct their meaning and purpose of life (Bravin et al., 2019). It is also meaningful and essential for self adjustment and survival when living in another country.

Spiritual coping can be understood as cognitive and behavioral efforts to find or maintain meaning, purpose, and a connection to God when facing difficult situations (Clark & Hunter, 2019). In addition, researchers over the years have argued that faith and spirituality can also be considered a source of resilience physically, psychologically, and mentally (Gray, 2017). Especially in stressful

situations, religion and spirituality play important roles and positively influence the immune system (Koenig, 2020; You et al., 2019). Malviya's (2023) research results reveal that spirituality and religion are important factors in improving mental health conditions. Disorders such as stress and depression can be reduced or eliminated by increasing one's spirituality (Unterrainer et al., 2014).

Besides peer support and spiritual well-being, the findings of this research also show that coping strategies have a positive effect on mental health (β = .514, p = .000). The results of this study are in accordance with those of previous research (Bourduge et al., 2022; Buizza et al., 2022; Ikafa et al., 2022; Lim, 2021; Macía et al., 2021; Nisrane et al., 2020; Terefe, 2015; Tschirhart et al., 2019; Zeleke et al., 2015). Coping strategies are efforts, both behavioral and psychological, that individuals develop to master, tolerate, reduce, or minimize the impact of stressful events (Bourduge et al., 2022), and are predictors of mental health (Buizza et al., 2022).

The research results also show a positive direct influence of peer support on spiritual well-being (β = .176, p = .052); a positive direct influence on coping strategies (β = .251, p = .032; and a positive direct influence on mental health (β = .247, p = .010) with an indirect (positive) effect of .159. It can thus be stated that the influence of peer support on mental health indirectly mediated through coping strategies and spiritual well-being is acceptable.

The findings demonstrate that the influence of peer support on mental health will be greater when mediated by coping strategies and spiritual well-being. They show that peer support has a positive effect on spiritual well-being. Ellison (1983) argued that humans have four basic needs that will determine satisfaction: the need to possess, the need to have relationships, the need to be; and the need for transcendence. Peer support is one of the relationships needs which is very important for Indonesian migrant workers. The results of the previous research show that such support has a direct effect on spiritual well-being (Arslan, 2021). Social support, such as that from good friends, is an important spiritual strength for individuals who suffer physical illnesses, allowing them to feel attention being paid to them and connections and to realize the meaning and value of life (Ajoudani et al., 2019; Fombuena et al., 2016; Phenwan et al., 2019). For Indonesian migrant workers abroad, peer support will greatly determine their feelings of attention, meaning, life values, and even religious behavior. If their overseas friends display positive and caring behavior, and good religious meaning and associated behavior, this will make the migrant workers feel comfortable and cared for by others, which will also have a positive effect on their spiritual well-being. However, if their local friends are badly behaved, this will have an effect on them. Paloutzian and Ellison (1991) reported that spiritual well-being is positively related to life purpose, intrinsic religious commitment, and self-esteem, while negatively related to individualism, individual freedom, and loneliness. The research results are also proven because migrant workers have the potential to suffer higher stress when there is a change in their cultural situation and during the adaptation process in a new environment. Peer support is one of the most important factors in anticipating stress and helping the adaptation process in a new country to run well.

Several studies have examined the different coping strategies migrants use (Nisrane et al., 2020; Terefe, 2015; Zeleke et al., 2015). The compatibility of these strategies will determine the type of problem-solving used by migrant workers; if it is appropriate, the adaptation process will run smoothly. Problems that occur in the new country can be solved effectively, and eventually, mental health will be well maintained.

Although this research has provided new information about the role of spiritual well-being and coping strategies as mediators of the influence of peer support on mental health, it has several limitations. First, the age, gender, length of work, and legal or illegal status as a migrant worker were not considered; therefore, it is highly recommended that future research considers these variables in order to obtain a more detailed and comprehensive picture. Second, only a quantitative approach model was employed. It is recommended that findings in the field are developed through qualitative methods or by using a mixed method that combines quantitative and qualitative approaches in an integrated manner, so that data confirmation is more effective. It is hoped that this will provide more information about the themes being researched.

Conclusion

Indonesian workers who migrate to their placement countries can potentially suffer from mental and psychological health problems. New social environments, such as different cultures, religions, and customs, can be the causes of such disorders. As mental health is obviously important, Indonesian migrant workers need to pay close attention to it. The findings of this research show that peer support influences mental health both directly and indirectly, as mediated through spiritual well-being, and is able to accept coping strategies.

The research has theoretical implications for the development of the field of psychology, especially regarding mental health, peer support, spiritual well-being, and coping strategies among Indonesian migrant workers.[]

Author Contribution Statement

M. Nur Ghufron: Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology. **Khilman Rofi' Azmi:** Resources; Visualization; Writing Original Draft; Writing, Review & Editing. **Haekal Adha Al-Giffari:** Project Administration; Resources; Visualization.

References

Adhikary, P., Sheppard, Z. A., Keen, S., & Teijlingen, E. van. (2018). Health and well-being of Nepalese migrant workers abroad. *International Journal of Migration, Health and Social Care*, *14*(1), 96–105. https://doi.org/10.1108/ijmhsc-12-2015-0052

Agbaria, Q., & Mokh, A. A. (2022). Coping with stress during the coronavirus outbreak: The contribution of Big Five Personality traits and social support. *International Journal of Mental Health and Addiction*, *20*(3), 1854–1872. https://doi.org/10.1007/s11469-021-00486-2

Ajoudani, F., Jafarizadeh, H., & Kazamzadeh, J. (2019). Social support and posttraumatic growth in Iranian burn survivors: The mediating role of spirituality. *Burns*, *45*(3), 732–740. https://doi.org/10.1016/j.burns.2018.10.013

Aktürk, S., & Aktürk, Ü. (2020). Determining the spiritual well-being of patients with spinal cord injury. *The Journal of Spinal Cord Medicine*, *43*(1), 69–76. https://doi.org/10.1080/10790268.2018.1490875

Al-Dwaikat, T. N., Rababah, J. A., Al-Hammouri, M. M., & Chlebowy, D. O. (2021). Social support, self-efficacy, and psychological wellbeing of adults with type 2 diabetes. *Western Journal of Nursing Research*, *43*(4), 288–297. https://doi.org/10.1177/0193945920921101

Anjara, S. G., Nellums, L. B., Bonetto, C., & Van Bortel, T. (2017). Stress, health and quality of life of female migrant domestic workers in Singapore: a cross-sectional study. *BMC Women's Health*, *17*(1), 98. https://doi.org/10.1186/s12905-017-0442-7

Arslan, G. (2021). Psychological maltreatment and spiritual wellbeing in Turkish college young adults: Exploring the mediating effect of college belonging and social support. *Journal of Religion and Health*, *60*(2), 709–725. https://doi.org/10.1007/s10943-021-01211-y

Badali, J. J., Grande, S., & Mardikian, K. (2017). From passive recipient to community advocate: Reflections on peer-based resettlement programs for Arabic-speaking refugees in Canada. *Global Journal of Community Psychology Practice*, *8*(2), 1–31. https://journals.ku.edu/gjcpp/article/view/20723

Badan Pelindungan Pekerja Migran Indonesia. (2022). *Data penempatan dan pelindungan pekerja migran Indonesia periode tahun 2022*. https://www.bp2mi.go.id/statistik-detail/data-penempatan-dan-pelindungan-pmi-periode-tahun-2022

Bassett, R. L., Camplin, W., Humphrey, D., Dorr, C., Biggs, S., Distaffen, R., Doxtator, I., Flaherty, M., Jo Hunsberger, P., Poage, R., & Thompson, H. (1991). Measuring Christian maturity: A comparison of several scales. *Journal of Psychology and Theology*, *19*(1), 84–93. https://doi.org/10.1177/009164719101900108

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, *46*(4), 394–403. https://doi.org/10.1037/0003-066X.46.4.394

Bourduge, C., Teissedre, F., Morel, F., Flaudias, V., Izaute, M., & Brousse, G. (2022). Lockdown impact on stress, coping strategies, and substance use in teenagers. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.790704

Bravin, A. M., Trettene, A. dos S., Andrade, L. G. M. de, & Popim, R. C. (2019). Benefits of spirituality and/or religiosity in patients with Chronic Kidney Disease: an integrative review. *Revista Brasileira de Enfermagem*, *72*(2), 541–551. https://doi.org/10.1590/0034-7167-2018-0051

Buchcik, J., Borutta, J., Nickel, S., von dem Knesebeck, O., & Westenhöfer, J. (2021). Health-related quality of life among migrants and natives in Hamburg, Germany: An observational study. *Journal of Migration and Health*, *3*, 100045. https://doi.org/10.1016/j.jmh.2021.100045

Bufford, R. K., Paloutzian, R. F., & Ellison, C. W. (1991). Norms for the Spiritual Weil-Being Scale. *Journal of Psychology and Theology*, *19*(1), 56–70. https://doi.org/10.1177/009164719101900106

Buizza, C., Cela, H., Costa, A., & Ghilardi, A. (2022). Coping strategies and mental health in a sample of students accessing a university counselling service. *Counselling and Psychotherapy Research*, *22*(3), 658–666. https://doi.org/10.1002/capr.12519

Carroll, H. A., Kvietok, A., Pauschardt, J., Freier, L. F., & Bird, M. (2023). Prevalence of common mental health disorders in forcibly displaced populations versus labor migrants by migration phase: A meta-analysis. *Journal of Affective Disorders*, *321*, 279–289. https://doi.org/10.1016/j.jad.2022.10.010

Chou, M.-J., Tsai, S.-S., Hsu, H.-M., & Wu, H.-T. (2016). Research on correlation between the life attitude and well-being with spiritual health as the mediator. *European Journal of Research in Social Sciences*, *4*(3), 76–88. https://www.idpublications.org/ejrss-vol-4-no-3-2016/

Clark, C. C., & Hunter, J. (2019). Spirituality, spiritual well-being, and spiritual coping in advanced heart failure: Review of the literature. *Journal of Holistic Nursing*, *37*(1), 56–73. https://doi.org/10.1177/0898010118761401

Cohen, S. E., & Syme, S. I. (1985). *Social support and health*. Academic Press Inc.

Coppola, I., Rania, N., Parisi, R., & Lagomarsino, F. (2021). Spiritual well-being and mental health during the COVID-19 pandemic in Italy. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.626944

Devkota, H. R., Bhandari, B., & Adhikary, P. (2021). Perceived mental health, wellbeing and associated factors among Nepali male migrant and non-migrant workers: A qualitative study. *Journal of Migration and Health*, *3*, 100013. https://doi.org/10.1016/j.jmh.2020.100013

Djundeva, M., & Ellwardt, L. (2020). Social support networks and loneliness of Polish migrants in the Netherlands. *Journal of Ethnic and Migration Studies*, *46*(7), 1281–1300. https://doi.org/10.1080/1369183X.2019.1597691

Dombou, C., Omonaiye, O., Fraser, S., Cénat, J. M., & Yaya, S. (2022). Barriers and facilitators associated with the use of mental health services among immigrant students in high-income countries: a scoping review protocol. *Systematic Reviews*, *11*(1), 22. https://doi.org/10.1186/s13643-022-01896-6

du Plooy, D. R., Lyons, A., & Kashima, E. S. (2019). The effect of social support on psychological flourishing and distress among migrants in Australia. *Journal of Immigrant and Minority Health*, *21*(2), 278–289. https://doi.org/10.1007/s10903-018-0745-2

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology*, *11*(4), 330–338. https://doi.org/10.1177/009164718301100406

Fauk, N. K., Ziersch, A., Gesesew, H., Ward, P. R., & Mwanri, L. (2022). Strategies to improve access to mental health services: Perspectives of African migrants and service providers in South Australia. *SSM - Mental Health*, *2*, 100058. https://doi.org/10.1016/j.ssmmh.2021.100058

Fombuena, M., Galiana, L., Barreto, P., Oliver, A., Pascual, A., & Soto-Rubio, A. (2016). Spirituality in patients with advanced illness: The role of symptom control, resilience and social network. *Journal of Health Psychology*, *21*(12), 2765–2774. https://doi.org/10.1177/1359105315586213

Garduño-Ortega, O., Morales-Cruz, J., Hunter-Hernández, M., Gany, F., & Costas-Muñiz, R. (2021). Spiritual well-being, depression, and quality of life among Latina breast cancer survivors. *Journal of Religion and Health*, *60*(3), 1895–1907. https://doi.org/10.1007/s10943-020-01147-9

Genia, V. (2001). Evaluation of the spiritual well-being scale in a sample of college students. *International Journal for the Psychology of Religion*, *11*(1), 25–33. https://doi.org/10.1207/S15327582IJPR1101_03

Gray, A. J. (2017). Resilience, spirituality and health. *Psyche Geloof*, *28*, 32–40.

Halcón, L. L., Robertson, C. L., Savik, K., Johnson, D. R., Spring, M. A., Butcher, J. N., Westermeyer, J. J., & Jaranson, J. M. (2004). Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health*, *35*(1), 17–25. https://doi.org/10.1016/j.jadohealth.2003.08.005

Hamka, H., Ni'matuzahroh, N., & Suen, M.-W. (2020). Spiritual well-being and mental health of students in Indonesia. *Proceedings of the 5th ASEAN Conference on Psychology, Counselling, and Humanities (ACPCH 2019)*. https://doi.org/10.2991/assehr.k.200120.032

Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Mohd Hairi, F., & Amer Nordin, A. S. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *Plos One*, *16*(12), e0260221. https://doi.org/10.1371/journal.pone.0260221

Haslam, C., Dane, S., Lam, B. C. P., Jetten, J., Liu, S., Gallois, C., & Tran, T. L. N. (2022). Ageing well in a foreign land: group memberships protect older immigrants' wellbeing through enabling social support and integration. *Ageing and Society*, *42*(7), 1710–1732. https://doi.org/10.1017/S0144686X20001695

Ho, K. H. M., Yang, C., Leung, A. K. Y., Bressington, D., Chien, W. T., Cheng, Q., & Cheung, D. S. K. (2022). Peer support and mental health of migrant domestic workers: A scoping review. *International Journal of Environmental Research and Public Health*, *19*(13), 7617. https://doi.org/10.3390/ijerph19137617

Ikafa, I., Hack-Polay, D., Walker, J., & Mahmoud, A. B. (2022). African migrants and stress coping strategies in Australia: Implications for social work. *International Social Work*, *65*(6), 1166–1183. https://doi.org/10.1177/0020872820963435

International Organization for Migration. (2020). *World migration report 2020*. https://worldmigrationreport.iom.int/wmr-2020-interactive/

Iqbal, M., & Verdaningrum, A. (2016). Pengaruh culture shock dan adversity quotient terhadap kepuasan kerja tenaga kerja Indonesia (TKI) di Hongkong. *Jurnal Kajian Wilayah*, *7*(2), 101–112. https://doi.org/10.14203/jkw.v7i2.745

Jafari, E., Dehshiri, G. R., Eskandari, H., Najafi, M., Heshmati, R., & Hoseinifar, J. (2010). Spiritual well-being and mental health in university students. *Procedia - Social and Behavioral Sciences*, *5*, 1477–1481. https://doi.org/10.1016/j.sbspro.2010.07.311

Johnson, D. W., & Johnson, F. P. (1991). *Joining together: Group theory and group skills*. Prentice-Hall, Inc.

Kharameh, Z. T., Foroozanfar, S., & Zamanian, H. (2014). Psychometric properties of the Persian version of Champion's Health Belief Model scale for colorectal cancer screening. *Asian Pacific Journal of Cancer Prevention*, *15*(11), 4595–4599. https://doi.org/10.7314/apjcp.2014.15.11.4595

Kim, J., Heinemann, A. W., Bode, R. K., Sliwa, J., & King, R. B. (2000). Spirituality, quality of life, and functional recovery after medical rehabilitation. *Rehabilitation Psychology*, *45*(4), 365–385. https://doi.org/10.1037/0090-5550.45.4.365

Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health*, *59*(5), 2205–2214. https://doi.org/10.1007/s10943-020-01035-2

Komarudin, K., Bukhori, B., Karim, A., Haqqi, M. F. H., & Yulikhah, S. (2022). Examining social support, spirituality, gratitude, and their associations with happiness through self-acceptance. *Psikohumaniora: Jurnal Penelitian Psikologi*, *7*(2), 263–278. https://doi.org/10.21580/pjpp.v7i2.13371

Kuswandari, Y., & Ulfah, S. N. (2022). Religiosity of students during the COVID-19 pandemic. *Edukasia: Jurnal Penelitian Pendidikan Islam*, *17*(1), 111–120. https://doi.org/10.21043/edukasia.v17i1.11704

Lam, K. K., & Johnston, J. M. (2015). Depression and health-seeking behaviour among migrant workers in Shenzhen. *International Journal of Social Psychiatry*, *61*(4), 350–357. https://doi.org/10.1177/0020764014544767

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Leach, M. M., & Lark, R. (2004). Does spirituality add to personality in the study of trait forgiveness? *Personality and Individual Differences*, *37*(1), 147–156. https://doi.org/10.1016/j.paid.2003.08.007

Lecerof, S. S., Stafström, M., Westerling, R., & Östergren, P.-O. (2016). Does social capital protect mental health among migrants in Sweden? *Health Promotion International*, *31*(3), 644–652. https://doi.org/10.1093/heapro/dav048

Lee, W.-C., Chanaka, N. S., Tsaur, C.-C., & Ho, J.-J. (2022). Acculturation, work-related stressors, and respective coping strategies among male Indonesian migrant workers in the manufacturing

industry in Taiwan: A post-COVID investigation. *International Journal of Environmental Research and Public Health*, *19*(19), 12600. https://doi.org/10.3390/ijerph191912600

Li, J., Xue, L., & Pan, H. (2022). Social support and spiritual well-being of patients with esophageal cancer aged over 50 years: The mediating role of rumination. *Frontiers in Psychiatry*, *13*. https://doi.org/10.3389/fpsyt.2022.805380

Lim, C. (2021). *COVID-19: Coping strategies predicting mental health outcomes*. [Honor Thesis]. Western Michigan University.

Macía, P., Barranco, M., Gorbeña, S., Álvarez-Fuentes, E., & Iraurgi, I. (2021). Resilience and coping strategies in relation to mental health outcomes in people with cancer. *Plos One*, *16*(5), e0252075. https://doi.org/10.1371/journal.pone.0252075

Malviya, S. (2023). The need for integration of religion and spirituality into the mental health care of culturally and linguistically diverse populations in Australia: A rapid review. *Journal of Religion and Health*, *62*(4), 2272–2296. https://doi.org/10.1007/s10943-023-01761-3

Muarifah, A., Naini, R., Prasetiawan, H., Fitria, E., Atikasari, T. R., & Zakiyah, T. A. (2024). The role of daily spiritual experiences on moslem students' friendship mediated by religious coping in wellness paradigm. *Islamic Guidance and Counseling Journal*, *7*(1). https://doi.org/10.25217/0020247431500

Mucci, N., Traversini, V., Giorgi, G., Tommasi, E., De Sio, S., & Arcangeli, G. (2019). Migrant workers and psychological health: A systematic review. *Sustainability*, *12*(1), 120. https://doi.org/10.3390/su12010120

Nisrane, B. L., Ossewaarde, R., & Need, A. (2020). The exploitation narratives and coping strategies of Ethiopian women return migrants from the Arabian Gulf. *Gender, Place & Culture*, *27*(4), 568–586. https://doi.org/10.1080/0966369X.2019.1611545

Omi, M., & Winant, H. (2014). *Racial formation in the United States*. Routledge. https://doi.org/10.4324/9780203076804

Ornek, O. K., Weinmann, T., Waibel, J., & Radon, K. (2020). Precarious employment and migrant workers' mental health: A protocol for a systematic review of observational studies. *Systematic Reviews*, *9*(1), 50. https://doi.org/10.1186/s13643-020-01313-w

Paloma, V., de la Morena, I., Sladkova, J., & López-Torres, C. (2020). A peer support and peer mentoring approach to enhancing resilience and empowerment among refugees settled in Southern Spain. *Journal of Community Psychology*, *48*(5), 1438–1451. https://doi.org/10.1002/jcop.22338

Pfeiffer, P. N., Heisler, M., Piette, J. D., Rogers, M. A. M., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: A meta-analysis. *General Hospital Psychiatry*, *33*(1), 29–36. https://doi.org/10.1016/j.genhosppsych.2010.10.002

Phenwan, T., Peerawong, T., & Tulathamkij, K. (2019). The meaning of spirituality and spiritual well-being among Thai breast cancer patients: A qualitative study. *Indian Journal of Palliative Care*, *25*(1), 119–123. https://pubmed.ncbi.nlm.nih.gov/30820113/

Saasa, S. K. (2019). Discrimination, coping, and social exclusion among African immigrants in the United States: A moderation analysis. *Social Work*, *64*(3), 198–206. https://doi.org/10.1093/sw/swz018

Selian, S. N., Khalefa, E. Y., & Hanifa, L. (2022). Migration process experience and its impact on well-being among women immigrants in Indonesia. *Psikohumaniora: Jurnal Penelitian Psikologi*, *7*(2), 249–262. https://doi.org/10.21580/pjpp.v7i2.12596

Shahzad, K. (2011). *Sources & level of work stress: Study of businesses in Lahore*. University of Management and Technology.

Shalaby, R. A. H., & Agyapong, V. I. O. (2020). Peer support in mental health: Literature review. *JMIR Mental Health*, *7*(6), e15572. https://doi.org/10.2196/15572

Simpson, D. B., Newman, J. L., & Fuqua, D. R. (2007). Spirituality and personality: Accumulating evidence. *Journal of Psychology and Christianity*, *26*(1), 33–44.

Solaimanizadeh, F., Mohammadinia, N., & Solaimanizadeh, L. (2020). The relationship between spiritual health and religious coping with death anxiety in the elderly. *Journal of Religion and Health*, *59*(4), 1925–1932. https://doi.org/10.1007/s10943-019-00906-7

Taylor, S. (1995). *Health psychology*. McGraw-Hill Book Co.

Terefe, N. (2015). *Perceived stress, coping, and resilience of Ethiopian women labor migrant returnees from the Middle East countries.* [Doctoral Thesis]. Addis Ababa University.

Tschirhart, N., Straiton, M., Ottersen, T., & Winkler, A. S. (2019). "Living like I am in Thailand": Stress and coping strategies among Thai migrant masseuses in Oslo, Norway. *BMC Women's Health*, *19*(1), 139. https://doi.org/10.1186/s12905-019-0836-9

Unterrainer, H. F., Lewis, A. J., & Fink, A. (2014). Religious/spiritual well-being, personality and mental health: A review of results and conceptual issues. *Journal of Religion and Health*, *53*(2), 382–392. https://doi.org/10.1007/s10943-012-9642-5

Vidal de Haymes, M., Martone, J., Muñoz, L., & Grossman, S. (2011). Family cohesion and social support: Protective factors for acculturation stress among low-acculturated Mexican migrants. *Journal of Poverty*, *15*(4), 403–426. https://doi.org/10.1080/10875549.2011.615608

Wang, L., Liang, L., Liu, Z., Yuan, K., Ju, J., & Bian, Y. (2021). The developmental process of peer support networks: The role of friendship. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.615148

Wardani, I. A., & Sugiharto, D. Y. P. (2020). Hubungan adversity quotient dan dukungan sosial dengan optimisme akademik pada siswa SMP Negeri 1 Wanadadi. *Konseling Edukasi: Journal of Guidance and Counseling*, *4*(2), 160–178.

Wen, Y., & Hanley, J. (2016). Enhancing social support for migrant families: A Case study of community services in a Shanghai urban village and implications for intervention. *Asian Social Work and Policy Review*, *10*(1), 76–89. https://doi.org/10.1111/aswp.12077

Wong, D. F. K., & Leung, G. (2008). The functions of social support in the mental health of male and female migrant workers in China. *Health & Social Work*, *33*(4), 275–285. https://doi.org/10.1093/hsw/33.4.275

Woodbury, A. M. (1992). *Social support networks and adjustment in childhood: A longitudinal analysis*. Boston University.

Xiao, H., Li, X., Zhou, Z., Liu, H., Hu, C., Liu, T., Chen, D., & You, L. (2022). Negative coping style mediates the relationship between negative mental and suicide risk among migrant workers in China. *Scientific Reports*, *12*(1), 305. https://doi.org/10.1038/s41598-021-03888-3

You, S., Yoo, J. E., & Koh, Y. (2019). Religious practices and mental health outcomes among Korean adults. *Personality and Individual Differences*, *142*, 7–12. https://doi.org/10.1016/j.paid.2019.01.026

Zeleke, W., Minaye, A., & Kygana, G. (2015). Mental health and somatic distress among Ethiopian migrant returnees from the Middle East. *International Journal of Mental Health & Psychiatry*, *1*, 2. https://doi.org/10.4172/ijmhp.1000106

Zerach, G., & Elklit, A. (2020). Attachment and social support mediate associations between polyvictimization and psychological distress in early adolescence. *International Journal of Psychology*, *55*(3), 380–391. https://doi.org/10.1002/ijop.12590