PERCEIVED THREAT OF COVID-19, RESILIENCE AND COPING STRATEGIES AS

PREDICTORS OF SUBJECTIVE WELL-BEING AMONG EMERGING ADULTS IN

MALAYSIA

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Perceived Threat of COVID-19, Resilience and Coping Strategies as Predictors of Subjective

Well-Being Among Emerging Adults in Malaysia

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APPROVAL FORM

This research paper attached hereto, entitled "Perceived Threat of COVID-19, Resilience and Coping Strategies as Predictors of Subjective Well-Being Among Emerging Adults in Malaysia" prepared and submitted by Low Yi Lin, Siew Yi Hang, Wong Chin Leong in partial fulfillment of the requirements for the Bachelor of Social Science (Hons) Psychology is hereby accepted.

_____   Date: _____

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(Ms T'ng Soo Ting)

Abstract

The outbreak of COVID-19 was resulted in psychological maladjustment and might affect the Malaysia Well-being Index. Present study was a cross-sectional, descriptive study that aimed to examine the predictive effects of perceived threat of COVID-19, resilience, and coping strategies (task-oriented coping, emotion-oriented coping, avoidance-oriented coping) on SWB among emerging adults in Malaysia. A total of 162 participants was recruited using purposive sampling method by distributing online survey via social media like WhatsApp, WeChat, Instagram. The participants recruited are those emerging adults aged between 18 to 25 years old ($M = 22.51$). There were more female ($N = 111$; 68.5%) than male participants in present study ($N = 51$; 31.5%). The finding revealed that resilience and emotion-oriented coping were a significant predictor of SWB however it does not match with the hypotheses in present study. Perceived threat of COVID-19, task-oriented coping and avoidance-oriented coping not significantly predict SWB.

Keywords: Perceived threat of COVID-19, resilience, coping strategies, emerging adults

DECLARATION

We declare that the material contained in this paper is the end result of our own work and that due acknowledgement has been given in the bibliography and references to ALL sources be they printed, electronic or personal.

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Abbreviations

1. SWB   Subjective Well-Being

2. S-O-R   Stimulus-Organism-Response

3. CD-RISC   Connor-Davidson Resilience Scale – 10

4. CISS-SF   Coping Inventory for Stressful Situations

5. WHO-5   World Health Organization Well-Being Index Life Satisfaction

Chapter I

Introduction

Background of Study

The outbreak of the novel coronavirus disease 2019 (COVID-19) has been affecting daily routine and well-being of an individual not only in Malaysia but also every single country around the world for almost a year since the end of 2019. COVID-19 was declared as a global pandemic by the World Health Organization (WHO) (2020). The number for confirmed cases of COVID-19 on 17 November 2020 were 53,766,728 cases and 1,308,975 were confirmed deaths (WHO, 2020). This situation will be getting serious on the account of there is no vaccination against COVID-19 in the market or around the world until date. Study found that COVID-19 outbreak may potentially lead to psychological consequences which will affect subjective well-being have become a matter of research (Satici et al., 2020). Hence, the present study aims to examine the predictors of subjective well-being (SWB) among emerging adults during this pandemic.

Emerging adults is a transitional period where we humans from our late teen period to our adulthood period. According to Arnett (2000), emerging adults are referring to those aged between 18-25 years old. As they are in their developmental stage or transition period, they must adapt to the fast pace environments (Kok, 2015). This transition period also included some criteria that need to be fulfilled which are being more independent, compliance norm, able to take the transitional role from late teens to adulthood (Goodman et al., 2015). Having a transition period in life may affect one's subjective well-being but having this transition period during COVID-19 pandemic will intensify the change if one's SWB. According to Ahorsu et al. (2020) and Xiao (2020), the risk of COVID-19 not only harm one's life but also causing unbearable psychological issues. While Satici et al. (2020) stated that well-being is

directly or indirectly threatening by risk perception. Therefore, the present study target falls on emerging adults who are aged 18-25 years old.

Subjective well-being (SWB) is the evaluation of one's whole life from the perspective of cognitive and affective (Diener et al., 2009). Diener et al. (2009), further elaborated that emotional reactions, cognitive judgements fulfilment and satisfaction were included in the evaluation. Hence SWB is a broad concept which included high life satisfaction, high levels of good moods and emotions as well as low level in negative emotions. A recent study shows that a protective factor against future mental health issues or diseases is having positive mental health during this pandemic period (Blasco-Belled et al., 2020). Hence subjective well-being plays an essential role during COVID-19.

Studies have found that one of the strongest predictors of SWB is the perceived threat of COVID-19 (Paredes et al. 2020; Satici et al., 2020). Perceived threat is a type of cognitive assessment that danger will affect the individual and illustrate the extreme condition might be to the individual (Goei et al., 2010). According to Krok and Zarzycka (2020), perceived threat of COVID-19 is the way a person predicts the consequences of the threat of COVID-19. It can be said as the harmfulness of the consequences of being infected by coronavirus 2019. SWB plays a vital role in society's effectiveness and functioning. According to Surya et al. (2017), an individual will be to adapt to the stressful life and contribute to society with a state of well-being. Previous study done by Maunder et al. (2003) also revealed that unexpected event such as pandemics will affect one's emotion and SWB.

In another perspective, resilience serves as the second predictor of SWB in present study. Resilience is referred to a successful adaptation from threats, trauma or various sources of stress (Southwick et at., 2014). Resilience has a moderate, positive relationship with SWB (Chen, 2016). The result overlaps with finding indicate that resilience is positive associated

with SWB (Kirmani et al., 2015). Resilience plays an important role during the outbreak of COVID-19 as people will be affected by various dimensions, for instance, work, physical well-being and SWB. Kumar and Kashyap (2014) stated that resilience focuses on those who successfully conquer difficulties in life. Other than that, present study also hypothesized that resilience has the potential to mediate the association between perceived threat of COVID-19 and SWB. According to Forte et al. (2020), some component of perceived threat of COVID-19 especially fear of contagion has found that will affect one's resilience. In addition, higher level in sense of danger and distress symptoms will lead to a lower level of resilience (Kimhi et al., 2020). Therefore, present study hypothesized that resilience mediates the association between perceived threat of COVID-19 and SWB.

According to Lyon (2002), coping is one's effort used to manage either their external or internal threat or emotion. In this research, coping strategies were adapted from Endler and Parker (1999). The coping strategies included three dimensions which are task-oriented coping, emotion-oriented coping as well as avoidance-oriented coping. Individual who falls under task-oriented style will be those who are active in solving the problem in a stressful situation and in contrast, an individual who falls under emotional-oriented coping style will habitually engage in maladaptive behaviour. Lastly, for those who avoid the stressful situation will be those predominantly in avoidant-oriented coping style (Cohan et al., 2006). Coping Strategies also have the potential to plays the role as mediator between perceived threat of COVID-19 and SWB. Nicholls et al. (2012), found that athletes tend to use avoidant-oriented coping to deal with the uncontrollable situation while controllable perceived threat will be coping with task-oriented. In addition, a study by Krok and Zarzycky (2020) found that coping strategies have a significant indirect effect on perceived threat of COVID-19. On the other hand, different studies found that coping strategies (task-oriented, emotional-oriented and avoidant-oriented) are associated with SWB. For instance, a study by

Loukzadeh and Bafrooi (2003), indicate that task-oriented coping is positively associated with SWB while emotional-oriented coping is negatively associated with SWB; while Bryden et al. (2015), indicate that avoidant-oriented coping is negatively associated with SWB. In addition, a study by Ryu et al. (2020) also indicates that coping was a strong mediator for SWB. Hence, present study found that coping strategies (task-oriented, emotional-oriented and avoidant-oriented) have the potential as a mediator between perceived threat of COVID-19 and SWB.

Present study aims to investigate SWB among emerging adults in Malaysia and more specifically the relationships between perceived threat of COVID-19, resilience and coping strategies and the mediating role of resilience and coping strategies on perceived threat of COVID-19 and SWB.

Problem Statement

Although the statistics of Malaysia Well-Being Index (MyWI, 2018) showed an increase in the index points as compared to the previous year, the outbreak of COVID-19 may remain as a challenge for further improvement. The changes in life due to the COVID-19 pandemic have resulted in psychological maladjustment among individuals, specifically emerging adults. For instance, the disturbance in lifestyle and economics during the pandemic has positively associated with emerging adults' emotional distress (Shanahan et al., 2020).

According to Kujawa et al. (2020), a high rate of depression and anxiety which are 45.1% and 37.1% among emerging adults in the United States were reported during COVID-19 pandemic. Apart from that, a prominent level of psychological maladjustment among emerging adults in Italian during COVID-19 was reported due to the higher levels of anxiety and stress compared to the normative samples (Germani et al., 2020). All these results indicate the low level of SWB among emerging adults during this pandemic as anxiety and

depression have reported positively associated with the level of SWB (Burns et al., 2011). Hence, the results suggest that the COVID-19 may show a significant negative effect on the SWB among emerging adults in Malaysia as the National Health and Morbidity Survey 2011 reported emerging adults had the highest prevalence rate of depressive disorder in both current (2.5%) and lifetime (3.1%), and vulnerable on managing the transitional changes during this period of life (Kok, 2015; R. A. Al-Naggar & Al-Naggar, 2012).

Kimhi et al. (2020) has examined that resilience has a significant direct effect on SWB during the early stage of COVID-19. The sampling method used for data collection in the relevant studies (e.g., Kimhi et al., 2020; Yildirim and Arslan, 2020) of the relationship between resilience and SWB in COVID-19 is convenience sampling method due to the difficulties in recruiting target samples in the pandemic. However, the convenience sampling method is likely to be biased and the results obtained from the convenience sampling method cannot be generalized to the population (Etikan et al., 2016). In other words, the results obtained from the studies may not be appropriate to be generalized in Malaysia.

Moreover, resilience has been found that positively relates to SWB, and negatively relates to the levels of worry about COVID-19 effects (Arslan, 2019; Killgore et al., 2020). These indicate the need of examining the mediating effect of resilience on perceived threat of COVID-19 and SWB, however, there are only a few relevant studies (e.g., Kimhi et al., 2020; Paredes et al., 2020) conducted in a western setting which the applicability of the results in Malaysia setting is still in doubt.

Apart from that, Zacher and Rudolph (2020) found that task-oriented coping and emotion-oriented coping strategy associated with higher levels of SWB while avoidance-oriented coping strategy is associated with a lower level of SWB. In contrast, some studies (e.g., Chen, 2016; Ozdemir, 2019) reported emotion-oriented coping strategy is associated

with a lower level of SWB due to the positive association with negative affect. Moreover, Ozdemir (2019) found that the use of avoidance-oriented coping strategy in low-level of deprived individual results in a higher level of SWB. The inconsistency of the findings has resulted in the issue of developing a clear comprehension of the effects of coping strategies on SWB.

Lastly, studies (e.g., Doron and Martinent, 2016; Nicholls et al., 2016) examined that perceived threat is positively associated with the coping strategies such as emotion-oriented coping strategy. However, there are only limited studies (e.g., Blaso-Belled et al., 2020; Zacher and Rudolph, 2020) in a western context that examined the mediating effect of coping strategies on perceived threat of COVID-19 and SWB may result in the non-applicable of the findings into Malaysia context. Hence, it is significant that a quantitative study to be conducted to examine the mediating role of resilience and coping strategies on the relationship between perceived threats of COVID-19 and SWB among emerging adults in Malaysia.

Research Questions

1. Do perceived threat of COVID-19, resilience, coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) predict SWB among emerging adults in Malaysia?

2. Does perceived threat of COVID-19 predicts resilience and coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) among emerging adults in Malaysia during COVID-19?

3. Does resilience mediates on the association between perceived threat of COVID-19 and SWB among emerging adults in Malaysia?

4. Do coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) mediate on the association between perceived threat of COVID-19 and SWB among emerging adults in Malaysia?

Research Objectives

1. To examine the predictive effects of perceived threat of COVID-19, resilience, coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) on SWB among emerging adults in Malaysia.

2. To determine the predictive effect of perceived threat of COVID-19 on resilience and coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) among emerging adults in Malaysia.

3. To examine the mediating role of resilience on the association between perceived threat of COVID-19 and SWB among emerging adults in Malaysia.

4. To examine the mediating role of coping strategies (task-oriented coping, emotional-oriented coping, avoidant-oriented coping) on the association between perceived threat of COVID-19 and SWB among emerging adults in Malaysia.

Hypotheses

H_1: Perceived threat of COVID-19 negatively predicts subjective well-being among emerging adults in Malaysia.

H_2: Resilience positively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.

H_3: Task-oriented coping positively predicts subjective well-being among emerging adults in Malaysia.

H_4: Emotion-oriented coping negatively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.

H_5: Avoidant-oriented coping negatively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.

H_6: Perceived threat of COVID-19 positively predicts resilience among emerging adults in Malaysia.

H_7: Perceived threat of COVID-19 negatively predicts task-oriented coping among emerging adults in Malaysia.

H_8: Perceived threat of COVID-19 positively pedicts emotional-oriented coping among emerging adults in Malaysia.

H_9: Perceived threat of COVID-19 positively predicts avoidant-oriented coping among emerging adults in Malaysia.

H_{10}: Resilience mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.

H_{11}: Task-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.

H_{12}: Emotional-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.

H_{13}: Avoidant-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.

Significance of Study

SWB is a crucial aspect of everyone's life. However, due to the rapid spread of COVID-19 throughout the globe, it has not only affected one's physical health but also one's mental health. The pandemic has brought an impact in declining one's satisfaction in life and happiness. By conducting this study, the finding presented in this study aims to discover the perception of COVID-19 as a threat to affecting SWB among the emerging adults in Malaysia. Moreover, this finding also aims to fill in the past research gap on SWB. This is because a majority of past findings which focused on SWB were conducted before the COVID-19 outbreak and in a different context. Hence, it is worth to examine the association between SWB and the COVID-19 pandemic in the Malaysia context. In addition, there is still lacking research in assessing the mediating role of resilience and coping strategies in relation to perceived threat COVID-19 and SWB. Therefore, this study strives to fill in the research gap by examining perceived COVID-19 threat, resilience, coping strategies and SWB with reliable statistical evidence from the data obtained among the emerging adults in Malaysia.

Furthermore, the Stimulus-Organism-Response (S-O-R) Theory that applied in this study has been widely used in other different study context such as focusing on the purchasing power (Kim et al.,2018; Latoo et al.,2020) and information processing (Song et al.,2020). However, there is still an inadequate study that applied S-O-R Theory in the mental health context. Therefore, with this research study, it can provide an appropriate insight into the application of Stimulus-Organism-Response (S-O-R) Theory aligned with the established conceptual framework.

This research study could be one of the references for future studies. It can be beneficial to the researchers. This is because resilience, coping strategies and SWB are the positive traits of a person. Therefore, this study could intensify the field in positive

psychology and strive to understand how a person is able to enhance the positive traits when facing challenges and uncertainties, especially in the COVID-19 context. Moreover, this finding can also be useful for Malaysia's government. For instance, the government will have awareness on the level of SWB of the emerging adults in Malaysia during the pandemic from the findings. Therefore, the government could come out with programs or activities that could improve on the SWB of emerging adults. Lastly, the findings of this research could also be beneficial to the educators, practitioner and mental health care centre.

Conceptual Definitions

Perceived Threat of COVID-19

Kim (2020) defined the perceived threat of COVID-19 as individuals' subjective perception of the COVID-19 threat, which assesses the perceived of seriousness towards the pandemic and the vulnerability of individuals in the pandemic.

Resilience

Resilience is defined as the ability to carry on when confronted with change, the rate of returning to the state of steadiness on a mental uneasiness, and the potential of individuals to adapt or transform into novel development when facing dynamic change (Folke, 2016).

Coping Strategies

According to Salam et al. (2019), coping strategies are defined as an individual's thoughts or responses to deal with the external and internal needs from a stressful situation through behavioural and cognitive attempts. The strategies can be categorized into task-oriented coping, emotional-oriented coping, and avoidance-oriented coping (Endler & Parker, 1994). Task-oriented coping aims to alter the impact of a stressful situation while emotion-oriented coping aims to overcome stressful feelings through the regulation of affect state, and

avoidance-oriented coping attempts to distract oneself from the stressful situation (Pisanti et al., 2016).

Subjective Well-Being

SWB is defined as a comprehensive evaluation of individuals' personal life about the cognitive aspects involving life satisfaction and affective aspects which indicate the existence of positive affect, and the lack of negative affect (Satici, 2016).

Operational Definitions

Perceived Threat of COVID-19

The perceived threat of COVID-19 refers to the subjective perception of individuals toward COVID-19 as a threat. A four-item instrument has been developed by Liu et al. (2020) to measure the perceived threat of the COVID-19 threat. The higher score indicates a greater level of belief in the pandemic as a threat.

Resilience

Resilience refers to the ability to adapt or transform into novel development when facing difficulties. Connor-Davidson Resilience Scale -10 (CD-RISC-10) is a brief version of CD-RISC which consists of 10-item developed by Campbell-Sills and Stein (2007). The higher the total score, the higher the degree of an individual's resilience.

Coping Strategies

Coping strategies can be measured using the short form of the Coping Inventory for Stressful Situations (CISS-SF) that has been developed by Endler and Parker (1999) which consists of 21-item assess the task-oriented, emotional-oriented, and avoidance-oriented coping strategy. The higher the score in each subscale indicates the frequently used of the respective strategy toward certain situations.

Subjective Well-Being

According to Diener's (1984), SWB refers to the evaluations of individuals' life through three aspects which include life satisfaction, positive affect, and negative affect. SWB can be measured by using the five-item World Health Organization Well-Being Index Life satisfaction (WHO-5) developed by the World Health Organization (1998) which consists of five-item. The higher score indicates a higher level of individual's SWB.

Chapter II

Literature Review

Theoretical Framework

Stimulus-Organism-Response (S-O-R) Model

The S-O-R is a model developed by Mehrabian and Rusell (1974) from the environmental psychology field which emphasized that the external environment plays important role in explaining the behavioural responses of the individual. Luqman et al. (2017) stated the S-O-R model explained individuals' responses were driven by the effect of stimuli from the environment on the inner psychological activities of the individuals. In the S-O-R model, environmental factors (S) affect the organismic variables (O) which resulted in the choice of an individual's behaviour responses (R) (Zheng et al., 2020).

Eroglu et al. (2001) defined the factors that influence an individual's internal states as a stimulus which can be an influence on the individual. The stimulus is considered an external to the individual with other environmental factors when the response or behaviour is illustrated in the S-O-R model (Bagozzi, 1986). Organism indicates as the inner psychological activities and processes which involve feeling, perceptual, and thinking events mediating between external factors to the individual expresses of final responses (Bagozzi, 1986; Cao et al., 2020; Suparno, 2020). Studies (e.g., Beatty & Ferrell, 1998; Verhagen & Dolen, 2011) previously categorized organism regarding positive and negative affect. For instance, positive affect involves the states which individual feels enthusiastic and delighted while negative affect involves the states which individual feels disturbance. Individual finalizes the choice of behavioural responses that can be conceptualized as approach or avoidance responses after the perceptual of a stimulus (Mehrabian and Rusell, 1974; Suparno, 2020). According to Donovan and Rossiter (1982), approach responses are considered as a

desire to explore, contact others and stay in the environment while avoidance responses are considered as the tendency to keep away from interaction with the environment.

The stimulus that emerges within the organism is processed subconsciously and frequently initialized through the changes of the individual's biological or psychological (Unde & Seniwati, 2019). As an example, the low blood sugar level of individuals will cause the individual to feel hunger. Interaction within the components of the organism and response resulted in the formation of an obliquely observable outcome which includes the changes in beliefs and intentions (Jacoby, 2002). According to Jacoby (2002), the S-O-R model does not process sequentially the inputs of the stimulus. In other words, an individual receives and processes the stimulus concurrently with the giving responses toward the stimulus.

S-O-R model was implemented in most of the studies (e.g., Kawaf & Tagg, 2012; Kim et al., 2018; Peng & Kim, 2014) which relevant to the field of marketing and business to examine the effect of consumer's internal states on the environmental factors or stimuli toward shopping-related decisions. Peng and Kim (2014) have examined that attitude towards online shopping plays a mediating effect between the individual's psychological motivation and intention to repurchase goods and affects the repurchase intention.

Apart from that, the model has been implemented in different studies (e.g., Green & Ben-Sasson, 2010; Zheng et al, 2020) to understand the effect of psychological variables within individuals on the environmental factors toward responses. A study was conducted by implementing the S-O-R model to explain the severity of pandemic affects the perception of psychological distance of an individual which resulted in the increase of anxiety level. Hence, these results indicate the S-O-R model which involves three main aspects, that are stimulation, organism, and response is an appropriate framework in examining the effect of environmental factors on individual's psychological states and responses (Zhai et al., 2019).

Conceptual Framework

Figure 1

Conceptual Framework of Present Study
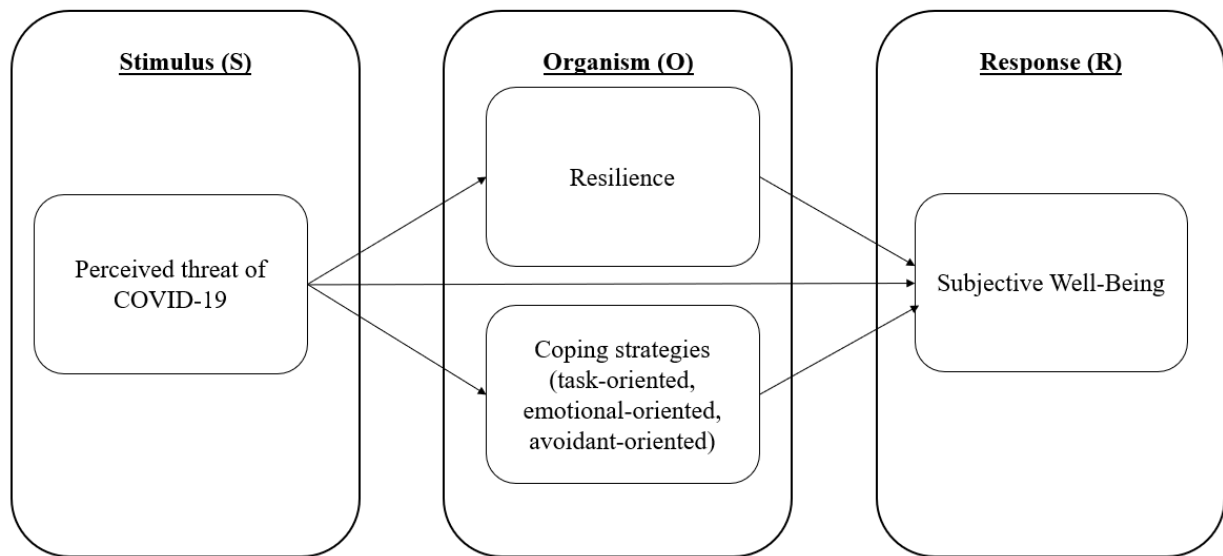
In present study, perceived threat of COVID-19, resilience and coping strategies including task-oriented coping, emotional-oriented coping and avoidance-oriented coping as the predictors of SWB of emerging adults in Malaysia. With the lower perceived threat of COVID-19, higher resilience, higher task-oriented coping, lower emotional-oriented coping and lower avoidant-oriented coping, one is predicted to have higher SWB. Other than that, resilience and coping strategies (task-oriented, emotional-oriented and avoidant-oriented) play the role of mediators in this study.

S-O-R model was applied in this study. The variables in this study are related to the components in the S-O-R model. Firstly, perceived threat of COVID-19 is related to stimulus (S), as perceived threat of COVID-19 is the factor that affects the outcome. According to Gao and Bai (2014), stimulus is referring to something that interferes with the action of an individual. Parades et al. (2020) stated that the COVID-19 outbreak has a potential impact on

many individuals' well-being. Studies also showed support on the relationship of perceived threat of COVID-19 and SWB, in which perceived threat of COVID-19 related with SWB (Commodari & La Rosa, 2020; Duan & Zhu, 2020; Hu et al., 2020; Yıldırım & Güler, 2020).

Then, Organism (O) stands for the inner state of one's emotion, thoughts and perception (Bagozzi, 1986). Organism would be affecting the relationship between S and R as it is one's internal state (e.g., emotion, thoughts). Hence, resilience and coping strategies were predicted to have impact on SWB when threat of COVID-19 is perceived. A study conducted by Kimhi et al. (2020), shows that there is a relationship between resilience, perceived COVID-19 threat and SWB. Other than that, a research was conducted by Habib et al. (2020) to examine the relationship coping and life satisfaction found that coping strategy has a significant predicting effect on life satisfaction. Both findings also show that resilience and coping strategies will predict to SWB as people will seek for support to overcome the issue.

The last factor from S-O-R model was response. The response to the stimulus (perceived threat of COVID-19) in present study is SWB. According to Zhai et al. (2019), response is the behavioural response that derives from the environment aspects (S) that influence one's internal state (O). When perceived threat of COVID-19 is higher, the SWB of the individual will get affected. According to a study conducted by Paredes et al. (2020), perceived threat of COVID-19 will create fear, uncertainty and increase one's stress level which will impact on one's SWB.

Therefore, by using the S-O-R model (Mehrabian & Rusell, 1974) to examine whether perceived threat of COVID-19, resilience and coping strategies will predict SWB among emerging adults in Malaysia.

Perceived Threat of COVID-19 and Subjective Well-Being

According to Satici et al. (2020), outbreaks or pandemics such as COVID-19 will affect one's well-being. For instance, a study conducted by Mihashi et al. (2009), reported that almost half of the respondents experienced in psychological disorders after the SARS outbreak in 2002. Therefore, the uncertainty in the current situation could be a risk factor of SWB.

Perceived threat of COVID-19 generates uncertainty, fear, stress and vulnerability which will impact on SWB (Parades et al., 2020). Perceived threat could directly or indirectly affect one's wellbeing (Duan & Zhu, 2020). This could due to the aspect of one's lifestyle's behaviour or knowledge about COVID-19. A negative and unhealthy lifestyle will tend to associate with lower SWB during COVID-19 pandemic (Hu et al., 2020). According to Zhong et al. (2020), individuals who have more knowledge about COVID-19 are more likely to prevent themselves from infection, it will subsequently lead to less fear about COVID-19 and result in higher SWB. Studies show that perceived threat of COVID-19 is negatively associated with SWB (Commodari & La Rosa, 2020; Hu et al., 2020; Yıldırım & Güler, 2020). This might be due to the reason that perceived threat of COVID-19 is a "sense" from the environment to you. Kimhi et al. (2020) explained that an individual is more sensitive to the "sense" of danger.

Resilience and Subjective Well-Being

Tecson et al. (2019), resilience is associated with SWB and reported to have a significant positive relationship. The finding found was in line with the previous studies (Idris et al., 2019; Kimhi et al., 2020; Kirmani et al., 2015; O'Rourke, 2004; Panchel et al., 2016; Satici, 2016). According to Harms et al., (2018), resilience can be defined as the ability to transform from trauma or resist being damage (trait) or defined as readily "bounce back" or

recover from trauma (means of thriving). The ability to "bounce back" from trauma or adversities help in enhance SWB (Stephen, 2013).

According to Wright et al. (2013), resilience has a positive adaptation pattern in defiance of adversity and this process of adaptation will develop over time. Individual with high resilience will recover or "bounce back" easily from the maladaptive situation. According to Connor and Davidson (2003), resilience is effective for treating maladaptive situation. According to Ong et al. (2006), high-resilient individuals recover more effectively than others from a stressful situation. It could be explained by resilience act as a counterpart for negative experience (Pretsch et al., 2012). Hence, resilience is important in predicting subjective well-being.

Past studies indicate that resilience is associated with SWB, a study by Rodríguez-Fernández et al. (2017) also shows that SWB positively related to resilience. Another study conducted by Fredrickson and Joiner (2002) stated that positive affect is leading to a higher level of resilience in the future. A study conducted by Tugade et al. (2004) supported that SWB related to resilience. This could possibly because the positive affect is an important factor that facilitates the development of resilience (Greco et al., 2007; Salovey et al., 2000; Swaminath & Rao, 2010).

Task-Oriented Coping and Subjective Well-Being

Task-oriented coping style aims at restructuring the problem cognitively with attempts to overcome the problem by taking action on it, this coping emphasis on problem-solving (Endler & Parker, 1999). Research pointed out that task-oriented is more suggested in controllable situations (Folkman, 2013).

According to Tomás et al. (2012), task-oriented coping is positively associated with SWB. This finding was supported by previous studies (Chang et al., 2007; Fredenberg &

Lewis, 2009; Gustems-Carnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013, Yamasaki et al., 2006). A past study also found that coping especially task-oriented coping can predict the positive outcome which helps in promoting well-being (Almássy et al., 2014). Effective coping could help to overcome the stressor which will promote health and well-being (Mayordomo-Rodríguez et al., 2016). On top of that, task-oriented coping is considered as an adaptive coping where one's believes that the causes of stress can be controlled (Loukzadeh & Bafrooi, 2013). According to Feldman and Steptoe (2003), individuals who use task-oriented coping show greater improvement and can cope better than others.

Emotional-Oriented Coping and Subjective Well-Being

Emotional-oriented coping styles aims to reduce stress by giving emotional responses for example getting angry, blaming yourself being too emotional or become tense (Endler & Parker, 1999). According to Folkman (2013), emotional-oriented coping is more effective when the situation is uncontrollable or situation that needs to accept.

Studies show that emotional-oriented coping is negatively associated with SWB (Gustems-Carnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013; Mayordomo-Rodríguez et al., 2015; Sagui-Henson, 2017; Tomás et al., 2012). The reason could be females are more likely to focus on emotions and emotional discharge and try to apply the strategies that control and reduce the emotional responses in order to achieve a state of well-being (Hamperl & Petermann, 2005; Yamasaki et al., 2006). Moreover, this could be explained that males are more likely to keep the problem to their own or ignore the problem (Frydenberg & Lewis, 1994, 2000). Other than that, people who feel their life have no value and meaning tend to put in effort in solving their problems, instead, they only use excitement (e.g., alcohol use) (Sulkowski et al., 2011). However, there is an inconsistency in the finding. According to Yamasaki and Uchida's 2005 study (as cited in Yamasaki et al., 2006), emotional-oriented

coping has a weak but significant positive relationship with positive affect and the positive relationship only shows in the female. Yamasaki et al. (2006) further elaborate that the inconsistent result in the year 2005 and 2006 could due to the scales of coping as previous research may not examine the same types or all types of coping. Skinner et al. (2003) also suggested that past studies have not reached any consensus concerning the structure of coping. Hence, for now, there is no clear and firm conclusion about the relationship between emotional coping and positive affect have been drawn (Yamasaki et al., 2006).

Avoidant-Oriented Coping and Subjective Well-Being

Endler and Parker (1999), avoidant-oriented coping refers to distract oneself with other tasks or using social diversion to avoid a stressful situation. Studies found that avoidant-oriented coping is not effective in the long term but short term instead as no attempt is made to overcome the stressor (Cooper et al., 2008; Heckman et al., 2004; Holahan et al., 2011).

Studies show that avoidant-oriented coping are more likely to relate with negative affect (for example, depression or anxiety) but not positive affect (such as SWB, life satisfaction) (Ben-Zur, 2002, 2009; Bryden et al., 2015; Chao, 2011; Frydenberg & Lewis, 2009; Gustems-Carnicer & Calderón, 2012; Kuo et al., 2017; Michl et al., 2014; Park et al., 2004). Avoidant-oriented coping is related to the negative affect might because of the individual's ability to forget about their pain temporary or deny the unlikely facts. Other than that, avoidant-coping is easy to use and is quick to use (Lopez et al., 2001). Avoidant-oriented coping is negatively associated with SWB could be plausible that the individual suppresses their own feelings and emotions as individuals who adopt avoidant-oriented coping tend to use various kind of defence mechanisms such as denial to deal with stressful life. A study revealed that individuals who adapt to avoidant-orientated tend to isolate

themselves and repress their emotions (Lopez et al., 2001). Chao (2011) stated that avoidant-oriented coping may overpower positive affect to reduce one's well-being and due to date, less scholar has paid attention to this issue. However, a study conducted by Sanjuán and Ávila (2018), stated that avoidance coping is linked to well-being, but it will only show positive associations when the one's pursued their goals for controlled motives.

Perceived threat of COVID-19 and Resilience

The COVID-19 pandemic is an undoubted threat to individuals as there is no constructive cure for the illness at this moment which resulted in reducing individuals' sense of security while the piling up the symptoms of distress (Kimhi et al., 2020). According to Masten (2018), resilience was defined as the potential ability to successfully adapt to the disruption that endangers the survival of individuals. Therefore, resilience has been as a popular subject matter in research especially during natural disasters and pandemic crisis (Bonanno et al., 2015).

Vinkers et al. (2020), stressed the importance of focusing upon the threats and resilience to mitigate the negative effects of the pandemic toward individuals. The perceived threat of COVID-19, especially fear of contagion, has led to different psychological impacts such as distress and anxiety which will affect the resiliency of individuals (Forte et al., 2020). Kimhi et al. (2020), examined that perceived threat of COVID-19 through distress symptoms and sense of danger and found that higher level upon the two aspects indicates a lower level of resilience. However, according to Bonanno (2004), the proof that support perceived threat positively predicts the level of resilience is common. For instance, most of the individuals (78.2%) was reported to have a higher level of resilience when perceived threat of life-threatening event (Hanson et al., 1995).

Perceived Threat of COVID-19 and Coping Strategies

Coping strategies are defined as the cognitive and behavioural attempts in order to deal with stressful or the lack of resources situation (Folkman & Lazarus, 1985; Martínez et al., 2020). According to Nicholls et al. (2012), threat perceived by athletes as uncontrollable will lead to the use of avoidance-oriented coping strategy which includes mental distancing and disengagement from the personal goals while the controllable perceived of threat associated with task-oriented coping strategy. In contrast, Avero et al. (2003), viewed perceived threat as a process, and different coping strategies were used at dissimilar stages of the process.

Doron and Martinent (2016) found a positive relationship between perceived threat and emotion-oriented coping strategy while perceived threat is negatively correlated with task-oriented coping strategy. The result is like other studies (Nicholls et al., 2016;) as individual tends to implement task-oriented coping strategy when confronted with a controllable stressor and deploy emotion-oriented coping strategy in an uncontrollable situation to avoid mistake (Nicholls et al., 2006). Perceived threats that are controllable or challenge is positively associated with task-oriented coping strategy (Doron and Martinent, 2016; Nicholls et al., 2006; Nicholls et al., 20160. Individuals implement task-oriented coping strategy in a controllable situation as it is more effective to solve the problem (Endler et al., 1993; Nicholls et al, 2006).

Apart from that, Mian et al. (2017) examined that the perceived threat is positively associated avoidance-oriented coping strategy. The same result was found in the study conducted by Prochwicz et al. (2020) which indicates the perceived threats and stressor positively associated with avoidance-oriented coping strategy to prevent the deeper processing of the threat information. All these results suggest hypotheses of this study as

perceived threat in COVID-19 positively predicted emotional-oriented coping and avoidance-oriented coping strategy while negatively predicted task-oriented strategy.

Perceived Threat of COVID-19, Resilience and Subjective Well-Being

There has not been found in research that resilience played a mediating role in the association between perceived threat COVID-19 and subjective well-being. According to research by Kimhi et al. (2020), the perceived threat of COVID-19 had a significant negative correlation with resilience. In the same study, resilience was found to have a positive and significant correlation with SWB (Kimhi et al.,2020). This is because if one has a high level of resilience, they are less vulnerable to the adverse impact on perceived threats as well as SWB (Paredesa et al., 2020). However, the indirect effects among the variables have not been examined (Kimhi et al., 2020).

Furthermore, a study conducted by Yıldırım and Arslan (2020) had suggested that resilience had played a mediating role among the relationship on psychological factors as well as SWB during COVID-19 pandemic. This is because resilience could be one of the significant factors of one's mental health that helps to diminish the threatening effects of distress on mental wellbeing (Ong et al., 2006). Therefore, resilience is plausible to mediate between the association on perceived threat of COVID-19 and SWB among the emerging adults in Malaysia.

Perceived threat of COVID-19, Coping Strategies and Subjective Well-Being

According to Krok and Zarzycka (2020), a study found that coping strategies has a significant and indirect effect on perceived threat of COVID-19 as well as the SWB. Krok and Zarzycka (2020) have suggested that coping mechanisms were governed by a prominent connection between the motivational and cognitive aspect to unravel the risks caused by COVID-19 which can cause a higher level of well-being. However, it is found to be only one

study that focuses on coping strategies as a mediating factor among the association between perceived threat of COVID-19 and SWB (Krok & Zarzycka, 2020).

A study was conducted by CypryańskaI and Nezlek (2020), to examine the relationship between perceived threats and SWB in Poland. The findings showed that coping strategy (spread prevention) has a significant and positive relationship with all three sources of COVID-19 threats (self, Poland, world). In addition, others research found that task-oriented coping (Gustems-Carnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013), avoidant-oriented coping (Bryden et al., 2015; Kuo et al., 2017) and emotion-oriented coping (Mayordomo-Rodríguez et al., 2015; Sagui-Henson, 2017) have a significant predicting effect on SWB. The findings of the past studies demonstrated the linkage between perceived threat of COVID-19, coping strategies and subjective well-being. Hence, this study hypothesizes that there is a potential mediating role of coping strategies between the association in perceived threat of COVID-19 and the SWB.

Chapter III

Methodology

Research Design

Present study was a quantitative, descriptive, cross-sectional design that examined the predictive effects of perceived threat of COVID-19, resilience, coping strategies (task-oriented, emotional- oriented and avoidant-oriented) on SWB. Cross-sectional study was an observational study that analysed collected data at a single point in time (Wang & Cheng, 2020). This study design was more common in the social science industry and it matched with the present study. The reason behind this study design fits with the present study was because it measured the exposure (causes) and outcome together (Sedgwick, 2014; Setia, 2016). In addition, cross-sectional study was beneficial in terms of the information collection process was completed in a short period, no follow-up with participants is needed, inexpensive and produced result faster (Setia, 2016; Zangirolami-Raimundo et al., 2018). Quantitative research design was adopted in present study instead of qualitative as online survey has been conducted. Cross-sectional research design only collect data once and in a short period of time.

Sampling Method

Non- probability sampling has been adopted in present study; specifically, purposive sampling method also called judgmental sampling. Shorten and Moorley (2014), stated that non- probability sampling method is to select sample population in a non-systematic or non-organized way that does not ensure equal chances for each subject in a targeted population. Among various types of non-probability sampling methods, purposive sampling method was suitable for present study as there were pre-set criteria in present study that needed to be fulfilled. The sample in purposive sampling method was

chosen accordingly to the criteria that required or match with the study (Elfil & Negida, 2017).

The inclusion criteria of present study were those participants who aged between 18 to 25 years old and Malaysian; for those with aged below 18 or above 26, non-Malaysian were excluded from present study. Malhotra and Birks (2006), the strengths of purposive sampling or judgmental sampling method are cost effective, convenient and save time. There were also past studies conducted to examine COVID-19 that adopted purposive sampling method (Algunmeeyn et al., 2020; Jesmi et al., 2021). On top of that, online survey was selected because of the pandemic situation in Malaysia and social distancing was still implemented.

Sample Size

The sample size of the study was computed by using G*Power developed by Faul et al. (2009), and statistics calculator developed by Soper (2020). Both software computed minimum sample size by assessing four components which included the number of predictors, type I error rate (α), statistical level of power, and effect size from squared multiple correlation coefficient, however, Soper's statistics calculator allows anticipated effect size which different from G*Power. The type I error rate is the probability of declaration incorrectly on the dissimilar between group and is typically settled at the ordinary level of .05 (Bagiella & Chang, 2019). The power of study referred as the possibility of unable to examine a dissimilarity when there is an actual dissimilarity and is typically settled at the 80% to 95% (Bhalerao & Kadam, 2010). Effect size referred as a statistical expression of different interest, specifically can be categorized as .02 (small), .15 (medium), .30 (large) in multiple regression test (Cohen, 1988; Leppink et al., 2016).

Each predictor's effect size was obtained by utilizing equation of $f^2 = R^2/(1-R^2)$, which was acquired from past studies (Chen, 2016; Parades et al., 2020; Rogowska et al., 2020; Yildirim & Arslan, 2020). The effect size of this study is .15 calculated by dividing the summation of each predictor's effect size with the total number of predictors in this study (see Appendix A). The minimum sample size of this study from both software showed 138 respondents that calculated by the four components which are five predictors in this study, type I error rate at .05, statistical power level of .95, and effect size of .15 through G*Power (see Appendix B), while anticipated effect size of .15 through Soper's statistics calculator (see Appendix C). Fairbairn and Kessler (2015) suggested to add 10 to 15% more of the minimum sample size to avoid the incorrectness in the assumptions, hence with the increase of 15%, the sample size of this study is 159 respondents.

Participants

One of the criteria for choosing participants in this study was emerging adults which aged range from 18 to 25, and the following criteria was participants must be a Malaysia citizen as National Health and Morbidity Survey 2011 reported this age group assailable on transitional changes and high prevalence rate of mental disorder specifically depressive disorder (Arnett, 2010; Kok, 2015). The reason behind why present study focused on emerging adults was because according to a report by Joint Strategic Needs Assessment (JSNA) in 2017, 18 to 25 was an important phase of development where it will determine their adult's future and behaviour's pattern.

There was a total of 162 individuals recruited for present study. All of them are aged between 18 to 25 years ($M=22.51$ years; $SD=1.50$ years). There were more females ($N = 111$; 68.5%) than males participated in this study ($N= 51$; 31.5%).

Location

This research study was conducted throughout Malaysia. A set of questionnaires was created by using Qualtrics and distributed via various social media platforms, for example, Facebook, Twitter, and Instagram. Moreover, instant messaging applications was used such as WhatsApp, WeChat, and Messenger to reach out to more participants who scattered around Malaysia. The participants in this study were situated from the 13 states and 3 federal territories in Malaysia.

Procedures

First, ethical clearance has been carried out to gain approval from university specifically UTAR Scientific and Ethical Review Committee before conducting pilot study. Then, pilot study was conducted. After that, actual study of perceived threat of COVID-19, resilience, and coping strategies as predictors of SWB among emerging adults in Malaysia then began. The online survey with demographic details, inform consent and scale for respective predictors and SWB was distributed via social media such as Facebook's group, WhatsApp, WeChat, and Instagram. Individuals whom currently a student or working adult aged between 18-25 was recruited in present study.

To obtain consent from each of the participants, the inform consent sheet was included in the online survey and distributed via different platforms as mentioned above. Inform consent was completed by participants prior proceed to the and indicated that they have voluntarily agreed to complete this online survey. SPSS version 21 was used in data analysis and interpretation.

Instruments

Perceived Threat of COVID-19

The perceived threat of COVID-19 refers to subjective interpretation on COVID-19 as a threat. The perceived threat of COVID-19 scale developed by Liu et al. (2020) was used to examine the level of perception of individual towards COVID-19 as a threat based on perceived vulnerability and seriousness of the individual. It was a multidimensional four-item scale, and the scoring range was based on a seven-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores demonstrate a higher level of perceived threat of COVID-19. The sample items included in the scale are "I believed that COVID-19 is severe", "I believed that COVID-19 is serious", and "I believed that it was possible that I would contract COVID-19". According to Liu et al. (2020), the scale obtains a good reliability of Cronbach's alpha (α=.83). In the present study, the perceived threat of COVID-19 reliability was in an acceptable range with Cronbach's alpha (α=.57) which was closed to Cronbach's alpha (α=.60). According to a study conducted by Ursachi et al. (2015), Cronbach's alpha value ranged between 0.6 to 0.7 was considered as acceptable level of reliability.

Resilience

The 10-item Connor-Davidson Scale (CD-RISC-10) developed by Campbell-Sills and Stein (2007), a unidimensional scale, was used to measure the level of individual's resilience. The scoring range was based on a five-point Likert scale from 0 (*not at all true*) to 4 (*true nearly all the time*). The higher the score indicates the higher the degree of resilience. The scale's sample items are "Can stay focused under pressure", "Not easily discouraged by failure", "Thinks of self as a strong person", and "Can handle unpleasant feelings". The CD-RISC-10 obtains a good reliability of Cronbach's alpha from .85 to .877 in past studies (Campbell-Sills & Stein, 2007; Gonzalez et al., 2016; Ye et al.,

2017). The CD-RISC-10 obtained a good reliability in the present study with Cronbach's

alpha (α=.86).

Coping Strategies

The 21-item short form of the Coping Inventory for Stressful Situations (CISS-

SF) developed by Endler and Parker (1999), a multidimensional scale, was used to

indicate the behavioural and cognitive responses of individuals toward difficult situations.

The scoring range was based on a five-point Likert scale from 1 (*almost never*) to 5

(*almost always*). The scale consists of three 7-item subscales which indicating task-

oriented coping (e.g., "Think about how I solve similar problems", "Work to understand

situation"), emotion-oriented coping (e.g., "Become very upset", "Blame myself for not

knowing what to do") and avoidance-oriented coping (e.g., "Treat myself to a favorite

food or snack", "Buy myself something"). Higher scores in subscale indicated the use of

respective strategies frequently toward difficult situations. The scale has an internal

consistency with the Cronbach's alpha above .70 in the past studies (e.g., Annema et al.,

2018; Golpelwar, 2014) for instance, task-oriented coping (α=.85), emotion-oriented

coping (α=.86), and avoidance-oriented coping (α=.75) (Smith et al., 2016). In the present

study, the overall scale obtained an adequate reliability with (α=.69) along with adequate

reliability for avoidant-oriented coping (α=.69), and task-oriented coping (α=.69). Apart

from that, good reliability was reported in emotion-oriented coping (α=.79).

Subjective Well-Being

SWB refers to an evaluation of the individual's life on cognitive and affective

aspects. The 5-item World Health Organization Well-Being Index (WHO-5) developed

by the World Health Organization (WHO, 1998) was a unidimensional scale used to

measure the level of an individual's SWB over the last two weeks. The scoring range was

based on a six-point Likert scale from 0 (*none of the time*) to 5 (*all of the time*). The

higher the score indicates the higher the level of SWB. The items in the scale are "I have felt cheerful and in good spirits", "I have felt calm and relaxed", "I have felt active and vigorous", "I woke up feeling fresh and rested", and "My daily life has been filled with things that interest me". There was an internal consistency of the scale and good reliability with the Cronbach's alpha which are reported .79, .85, and .89 in the past studies (Cichon et al., 2019; Pattanaik, 2020; Perera et al., 2020). In the present study, the SWB was reported with a good reliability (α=.87).

Data Analysis

All the data collected in this study was analysed by using SPSS version 21. Data cleaning was performed prior to the data analysis to ensure that the responses collected without any missing values, straight-lining, and data entry errors. Demographic information for instance, age, race, gender, religion, educational level and universities also been collected and analyzed as descriptive statistics. Next, the mean as well as standard deviation were calculated for each of the components. Multiple linear regression was adapted in this study to examine the predicting role of perceived threat of COVID-19, resilience, coping strategies on subjective well- being. The mediating effect of resilience and coping strategies between the association of perceived threat of COVID-19 and subjective well-being were assessed by Hayes PROCESS Model 4. Before the analyses for hypothesis testing, assumptions testing was carried out. Assumption for normality test was carried out to examine the degree of normality of the distribution from the data set obtained. Lastly, the underlying assumptions for multiple linear regression was be examined to ensure that the model has satisfied the assumptions.

Assumptions for Normality

The first assumption for normality was the skewness and kurtosis. According to Čisar & Čisar, 2010, skewness identified as the level of asymmetry of the probability

distribution around the mean, whereas kurtosis was to identify the pointiness or flatness of the distribution in comparison with a normal distribution. Researchers stated that the acceptable value for skewness and kurtosis ranges between -2 and +2 (Field,2009; Trochim & Donnelly, 2006). Secondly, a probability-probability plot (P-P Plot) was adopted to measure the normality of the distribution. It was a straight and diagonal line where points will fall along the line to indicate the normality of the distributed data. Thirdly, histogram was a visual display that demonstrates the distribution of the observed values which are plotted on the graph (Das & Imon, 2016; Kaplan et al., 2014). A bell-shaped curve of the graph that indicated the distribution of the data is normal (Das & Imon, 2016; McEvoy, 2018). The fourth normality test was the Kolmogorov- Smirnov Test (K-S Test). It was a goodness-of-fit test that compared the scores in the sample in relative to a normally distributed set of scores with the identical mean and standard deviation. The normality assumption was satisfied if the p-value of the study is greater than .05. (Massey,1951; Mendes & Pala, 2003, O'Donoghue, 2009).

Assumptions for Multiple Linear Regression

The first assumption for multiple linear regression was that the variable types. All the predictors in the present study must be categorical or quantitative and the outcome variable has to be continuous (Berry,1993; Field, 2009). The second assumption was the independence of the collected response. Moreover, the third assumption in no multicollinearity which was the predictors in the regression model are not highly related to one another (Daoud, 2017; Hair et al., 2010). Present study aimed to have a low inter-correlation among the predictors. Multicollinearity was assessed by using tolerance and variance inflation factor (VIF). According to Hair et al. (2010), the cut-off threshold value to avoid multicollinearity should be $\geq$ .10. While for tolerance, the cut- off threshold value should be $\leq$ .10.

The fourth assumption was the independence of error. It assumed that there was a weak to no association between the residuals in each case. The Durbin-Watson test was carried out to examine this assumption. Values close to 2 show congruence towards this assumption (Chen, 2016; McAuliffe, 2014; Reddy & Sarma, 2015). The fifth assumption was the normality of residuals, linearity of residuals and homoscedasticity. Normality of residuals refers to the distribution of the errors are normal, linearity of residuals means that the Y values was represented on the y- axis whereas the standardized residuals was plotted on the x-axis and homoscedasticity indicated that the variance of residuals should be equivalent among the predictors (Field, 2017). Normality of residual, linearity of residual, and homoscedasticity of residual were not detected if the residuals are evenly distributed on the scatterplot (Osborne & Waters, 2002).

The last assumption was multivariate outlier. According to Filzmoser (2005), the outliers can affect the fitness of the statistical model and it is not ideal for the research findings to be biased by the outliers. There were three residual statistics to unveil the outliers namely Cook's distance, Leverage as well as Mahalanobis Distance. Cook distance was used to detect the overall influence of a single case residual on the regression model. Cook and Weisberg (1982) recommended that cases with cook's distance that are more than one was potentially considered as outliers. Moreover, in Leverage, Hoaglin and Welsch (1978) suggested that cases with two times the leverage's value ($(k+1)/n$) are to be investigated. However present study adapted a more lenient calculation where the cases with 3 times the leverage value (Steven, 1992). Lastly, Mahalanobis Distance was used to determine the interval between two data points (Mahalanobis,1930; Xiang et al., 2008). For a sample size of 100 with five predictors associated with p-value of .05,s the conservative cut-off point for potential outliers is more than 20.26 (Barnett & Lewis,1978).

Chapter IV

Results

Data Cleaning

A total of 218 respondents were participated in this study. However, 39 incomplete responses, 14 responses of univariate outliers, two responses that exceeded maximum age limitation, and one disagreement on participation response have been removed which resulted in the remaining of 162 respondents in this study.

Boxplot

According to the boxplot of each variable, a total of 14 cases were removed during univariate outliers cleaning. The results were then analysed to ensure there was no any univariate outliers in each variable (refer to Appendix D).

Multivariate Outliers

Remove multivariate outlier is one of the requirements of MLR model. Mahalanobis distance, Cook's distance, and Leverage (hat values) were used to examine multivariate outliers. If the cases exceed two out of three distances (Mahalanobis distance, Cook's distance and Leverage), then it will be labelled as potential multivariate outliers. After checking the cut-off for Mahalanobis Distance (Barnett & Lewis, 1978), Cook's distance (Cook & Weisberg, 1982) and Leverage (Steven, 1992), none of the cases in present study found violated the tests. For Mahalanobis distance, sample of 100 with five predictors, the conservative cut-off point was >20.26 while in present study, the maximum value obtained was 16.34. For Cook's distance, cases with >1 was potential as outliers. Present study employed the >3 times of Leverage's value as the cut off which was 0.1111 as the calculated Leverage's value was 0.0370 (refer to table 4.1).

Table 4.1

Residuals Statistics[a]

	Maximum
Mahal. Distance	16.342
Cook's Distance	.083
Centered Leverage Value	.102

a. Dependent Variable: Subjective Well-Being

Assumptions on Normal Distribution

In the assumptions on normal distribution, there are few measures for this assumption. The measures included were skewness and kurtosis, P-P plot, histogram, normality test which was Kolmogorov-Smirnov test (K-S test) were conducted.

Skewness and Kurtosis

Table 4.2 showed that the value of skewness and kurtosis of all the variables. The values are still in the acceptable range in order to considered it as normally distributed. According to Trochim and Donnelly (2006), the value for skewness is between (-2 and +2) and kurtosis should between (-2 to +2) as well. Hence, all variables show normally distributed for both skewness and kurtosis.

Table 4.2

Summary on Skewness Value and Kurtosis Value

	Perceived Threat of COVID-19	Resilience	Task-Oriented Coping	Emotional-Oriented Coping	Avoidance-Oriented Coping	Subjective Well-being
Skewness	-.402	.216	-.101	.024	-.303	.319
Kurtosis	-.231	-.051	-.372	-.305	-.452	-.400

P-P Plot

Appendix E to J showed that all of the variables in present study [perceived threat of COVID-19, resilience, coping strategies (task-oriented coping, emotional-oriented coping, avoidance-oriented coping) and subjective well-being] can be assumed as meeting the assumption of normality because the points were along the diagonal line.

Histogram

Appendix E to J demonstrated that the distribution of the variables [perceived threat of COVID-19, resilience, coping strategies (task-oriented coping, emotional-oriented coping, avoidance-oriented coping) and subjective well-being] are normally distributed as the histogram were presented as normal curve. Appendix K showed that perceived threat of COVID-19 was slightly negatively skewed. Appendix L showed resilience was slightly positively.

Kolmogorov-Smirnov test (K-S test)

The results showed that only the variable of resilience, $D(162)=.057$, $p=.200$ which met the criteria of Kolmogorov-Smirnov test (K-S test) to be considered as not significantly different from normal distribution (Field, 2017). The other variables are significantly non-normal where the result for perceived threat of COVID-19, $D(162)=.120$, $p<.001$task-oriented coping, $D(162)=.108$, $p<.001$, emotion-oriented coping, $D(162)=.087$, $p=.005$, avoidance-oriented coping, $D(162)=.075$, $p=.027$ and subjective well-being, $D(162)=.106$, $p<.001$. According to a study conducted by Ghasemi and Zahediasl (2012), if the test is significant, the distribution is then non-normal. The result in present study was acceptable because study has found that significant result for KS test is commonly derived from a larger sample size (Orcan, 2020).

Assumption for Multiple Linear Regression

Type of Variables

Every single variable used in the study should be in metrics form in multiple linear regression. Hence, this assumption was met with present study as all the variables in present study were continuous variables.

Multicollinearity

In multiple linear regression (MLR) model, multicollinearity was measured by tolerance and variance inflation factor (VIF). In order to prevent multicollinearity, the cut-off value for tolerance should be >.10 (Hair et al., 2010; Sheih, 2010). Table 4.3 showed that there were no violation of multicollinearity in present study.

Table 4.3

Collinearity Statistic

	Tolerance	VIF
Perceived Threat of COVID-19	.928	1.078
Resilience	.760	1.316
Task-Oriented Coping	.751	1.332
Emotion-Oriented Coping	.879	1.137
Avoidance-Oriented Coping	.896	1.116

Note. Dependent variable= Subjective Well-being

Independent Error

The following assumption of MLR model was independent error, Durbin Watson test was used in present study to examine this assumption. The range for this test was suggested around one to three (Berry, 1993; Reddy & Sarma, 2015). Table 4.4 showed that this assumption was met because the value still in between the cut-off range.

Table 4.4

Independent Error Test

Model	Durbin-Watson
1	2.159

Note. Predictors: Perceived threat of COVID-19, resilience, coping strategies (task-oriented, emotion-oriented, avoidance-oriented)

Dependent variable: Subjective well-being

Linearity of residual, normality of residual, and homoscedasticity

MLR model also need normality of residual, linearity of residual as well as homoscedasticity. As from Figure 4.1, we can see that the assumption for linearity, residual normality and homoscedasticity were met because a rectangular pattern was found on the scatterplot.

Figure 4.1

Linearity of Residual, Normality of Residual and Homoscedasticity Among Variables
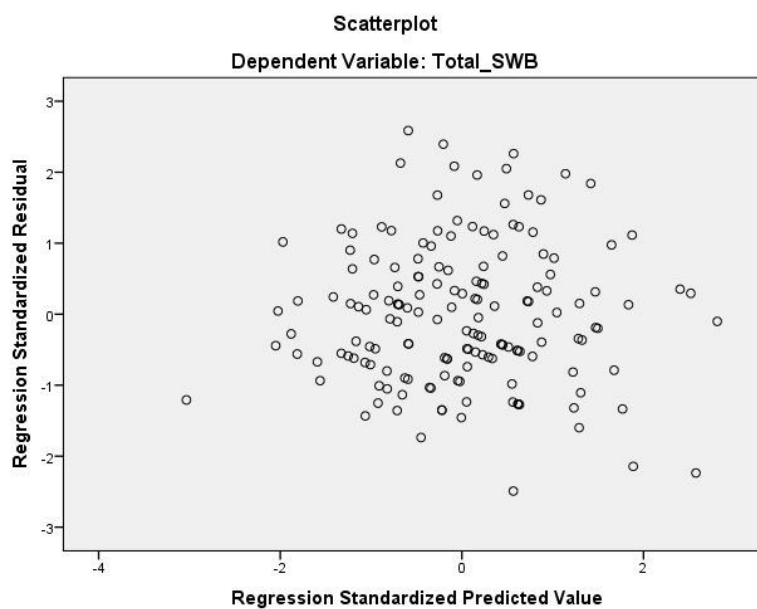
Descriptive Statistics

A majority of participants in the present study consisted of 68.5% of females (*N*=111)

and 91.4% of Chinese (*N*=148) with a mean age of 22.51 years. 67.3% of the participants

were student (*N*=109) while 81.5% were having their Bachelor's degree as highest

educational qualification (*N*=132). The background of respondents was analysed to have a

comprehensive understanding of the distribution within the category (refer to Table 4.5).

Table 4.5

Demographic Information of Respondents (N=162)

Variable	n	%	*Mean*	*S.D.*
Age			22.51	1.50
Sex				
Male	51	31.5		
Female	111	68.5		
Race				
Malay	8	4.9		
Chinese	148	91.4		
Indian	5	3.1		
Others	1	0.6		
Educational Level				
High School	6	3.7		
College	17	10.5		
Undergraduate	132	81.5		
Master	5	3.1		
Other	2	1.2		
Employment Status				
Employed	50	30.9		
Unemployed	3	1.8		
Student	109	67.3		

Table 4.5 (Continued)

Demographic Information of Respondents (N=162)

Variable	n	%	*Mean*	*S.D.*
The Perceived Threat of COVID-19			23.21	3.01
Low (≤ 23.21)	81	50.00		
High (>23.21)	81	50.00		
Resilience			34.69	5.54
Low (≤ 34.68)	79	48.8		
High (>34.68)	83	51.2		
Task-Oriented Coping			26.30	2.64
Low (≤ 26.30)	85	52.5		
High (>26.30)	77	47.5		
Avoidance-Oriented Coping			24.52	3.78
Low (≤ 24.52)	77	47.5		
High (>24.52)	85	52.5		
Emotion-Oriented Coping			23.42	3.85
Low (≤ 23.42)	88	54.3		
High (>23.42)	74	45.7		
Subjective Well-Being			15.83	4.40
Low (≤ 15.83)	86	53.1		
High (>15.83)	76	46.9		

Note. S.D = Standard Deviation

Multiple Linear Regression

Multiple linear regression analysis was used to test if the perceived threat of COVID-19, resilience, coping strategies (task-oriented coping, avoidant-oriented coping, and emotion-oriented coping) significantly predicted the subjective well-being among emerging adults in Malaysia. The model was statistically significant (see Table 4.7), $F(5,156) = 7.909$, $p < .001$ and was accounted for 17.7% of the variance (refer to Table 4.7). It was found out that resilience ($\beta = -.209$, $p = .05$) and emotion-oriented coping ($\beta = .284$, $p < .001$)

significantly predicted the subjective well-being, but not perceived threat of COVID-19,

avoidant-oriented coping and task-oriented coping (refer to Table 4.8). Based on the value of

standardized coefficients beta, emotion-oriented coping was the strongest negative predictor

on subjective well-being followed by resilience among emerging adults in Malaysia (refer to

Table 4.9). The findings indicated that hypothesis 1 to 9 were not supported in present study

(refer to table 4.9)

Table 4.6
ANOVA[a] Table of Multiple Linear Regression

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	631.433	5	126.287	7.909	.000[b]
	Residual	2491.067	156	15.968		
	Total	3122.500	161			

a. Dependent Variable: Subjective Well-being
b. Predictors: (Constant), Perceived Threat of COVID-19, Resilience, Task-Oriented Coping, Avoidance-Oriented Coping, Emotion-Oriented Coping

Table 4.7
Model Summary of Multiple Linear Regression

				Model Summary[b]
Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
1	.450[a]	.202	.177	3.996

a. Predictors: (Constant), Perceived Threat of COVID-19, Resilience, Task-Oriented Coping, Avoidance-Oriented Coping, Emotion Oriented Coping

b. Dependent Variable: Subjective Well-being

Table 4.8

Coefficients Table of Multiple Linear Regression

	Model	B	Std. Error	Beta	t	Sig
		Unstandardized Coefficients		Standardized Coefficients		
1	(Constant)	16.626	4.340		3.831	.000
	Perceived Threat of COVID-19	.159	.109	.108	1.461	.146
	Resilience	-.166	.065	-.209	-2.551	.012
	Task-Oriented Coping	-.233	.137	-.140	-1.694	.092
	Avoidance-Oriented Coping	-.008	.088	-.007	-.090	.928
	Emotion-Oriented Coping	.325	.087	.284	3.273	.000

a. Dependent Variable: Subjective Well-being

Mediation Analysis

PROCESS macro Model 4 by Hayes (2018) was adopted to assess the mediating effect of resilience, task-oriented coping, emotion-oriented coping, avoidance-oriented coping among the relationship between perceived threat of COVID-19 and SWB. It has tested with 5000 bootstrap samples with 95% confidence intervals to indicate the significance of the indirect effects from the study. According to Hayes (2013), there will be significant indirect effect if zero is not within the confidence interval (CI). Furthermore, Alwin and Hauser (1975) had proposed that the decomposition of effects in path analysis were measured by two simple mediation model. They are the ratio of the indirect effect to total effect

$$P_M = \frac{ab}{ab + c'} = \frac{ab}{c} = 1 - \frac{c'}{c}$$

as well as the direct effect in relation with the total effect.

$$1 - P_M = 1 - \frac{ab}{ab + c'} = 1 - \frac{ab}{c} = \frac{c'}{c}$$

In other words, the formulas above can be explained that the path a is the slope linking X to M, path b is the conditional slope linking M to Y, c is the total effect of X on Y and c' is the conditional slope linking X to Y through M (Alwin & Hauser, 1975).

Resilience

Results shown in Figure 4.2 indicated that perceived threat of COVID-19 did not have a significant effect on resilience (path a) (B= .271, SE= .144, t= 1.884), *p*= .061, 95% CI [-.013, .556]). However, the results revealed that there is a significant relationship between resilience and SWB (path b) (B= -.269, SE .060, t= -.4512, *p*< .001, 95% CI [-.387, -.151]). The direct effect of perceived threat of COVID-19 was not significant on SWB (path c') (*B*= .209, *SE*= .110, *t*= 1.897, *p* = .060, 95% CI [-.009, .426]). Moreover, it is also found that the indirect effect of perceived threat of COVID-19 on SWB was insignificant (*B*= -.073, *SE*= .044, 95% CI [-.176, .000]) where the total effect of perceived threat of COVID-19 on SWB was also not significant (*B*= .135, *SE*= .115, *t*= 1.177, *p*= .241, 95% CI [-.092, .363]). According to Hayes (2018), in order for the mediator to pay a significant mediating effect, both path a and b as well as the indirect effect of X on Y have to be significant. Therefore, H10 was not supported. After applying the calculation, it was found that the ratio of indirect effect and direct effect on total effect were -.0548 and 1.548 respectively.

$$P_M = \frac{ab}{ab + c'} = \frac{ab}{c} = 1 - \frac{(.209)}{(.135)} = -.0548$$

$$1 - P_M = 1 - \frac{ab}{ab + c'} = 1 - \frac{ab}{c} = \frac{(.209)}{(.135)} = 1.548$$

Figure 4.2

Mediation Effect of Resilience on Perceived threat of COVID-19 and Subjective Well-Being
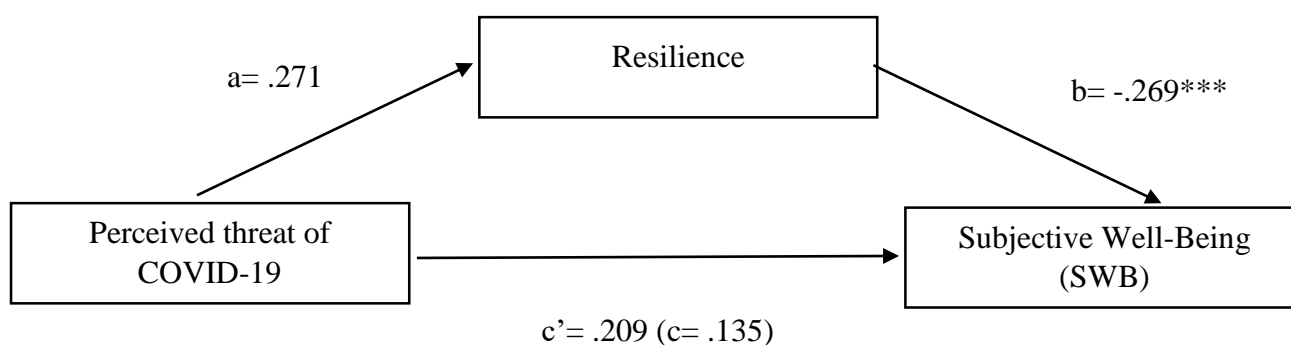
Task-Oriented coping

As shown in Figure 4.3, the results revealed that there was a significant effect in both path a and b which are perceived threat of COVID-19 on task-oriented coping (B= .158, SE= .068, t= 2.317, p< .022, 95% CI [.023, .293]) and task-oriented coping on SWB (B= -.364, SE= .131, t= -.2.787, p< .006, 95% CI [-.622, -.106]). However, insignificant direct effect of perceived threat of COVID-19 on SWB was found (path c') (B= .193, SE= .115, t= 1.684, p= .094, 95% CI [-.033, .420]). Furthermore, the analysis showed that the indirect effect of perceived threat of COVID-19 and SWB was significant (B= -.058, SE= .036, 95% CI [-.142, -.003]). The total effect on perceived threat of COVID-19 and SWB was insignificant (B= .135, SE= .115, t= 1.177, p= .241, 95% CI [-.092, .363]). Task-oriented coping played a full mediating role in this present research. Hence, H11 was supported as results indicated that task-oriented coping has significant indirect effect on perceived threat of COVID-19 and SWB which the zero was not include based on the confidence level of 95%. After applying the calculation, it was found that the ratio of indirect effect and direct effect on total effect were -.430 and 1.430 respectively.

$$P_M = \frac{ab}{ab + c'} = \frac{ab}{c} = 1 - \frac{(.193)}{(.135)} = -.430$$

$$1 - P_M = 1 - \frac{ab}{ab + c'} = 1 - \frac{ab}{c} = \frac{(.193)}{(.135)} = 1.430$$

Figure 4.3

Mediation Effect of Task-Oriented Coping on Perceived threat of COVID-19 and Subjective

Well-Being
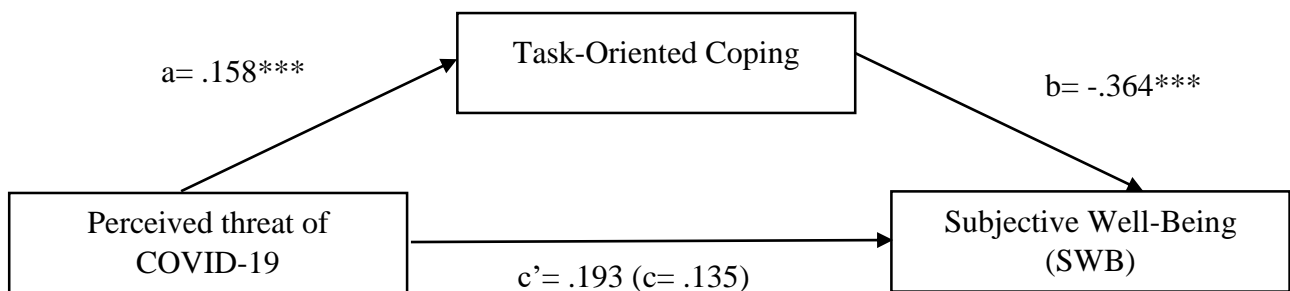
Emotion-Oriented coping

Based on Figure 4.4, the perceived threat of COVID-19 did not show a significant effect on emotion-oriented coping (path a) (*B*= .184, *SE*= .100, *t*= 1.841, *p*=.067, 95% CI [-.013,.382]). Conversely, it was found that in path b, there was a significant of emotion-oriented coping on and SWB (*B*= .387, *SE*= .086, *t*= 4.495, *p*< 0.001, 95% CI [.217, .556]). The perceived threat of COVID-19 did not have a significant direct effect on SWB (path c') (*B*= .064, *SE*= .110, *t*= .585, *p*= .560, 95% CI [-.153, .281]). On the other hand, the indirect effect of perceived threat of COVID-19 on SWB with emotion oriented coping as a mediator was significant (*B*= .071, *SE*= .035, 95% CI [.012, .147]. The total effect of perceived threat of COVID-19 and SWB was found to be not significant (*B*= .135, *SE*= .115, *t*= 1.177, *p*= .241, 95% CI [-.092, .363]). Hence, H13 was not supported as the insignificance effect of path a. After applying the calculation, it was found that the ratio of indirect effect and direct effect on total effect were 0.526 and 0.474 respectively.

$$P_M = \frac{ab}{ab + c'} = \frac{ab}{c} = 1 - \frac{(.064)}{(.135)} = 0.526$$

$$1 - P_M = 1 - \frac{ab}{ab + c'} = 1 - \frac{ab}{c} = \frac{(.064)}{(.135)} = 0.474$$

Figure 4.4

Mediation Effect of Emotion-Oriented Coping on Perceived threat of COVID-19 and

Subjective Well-Being
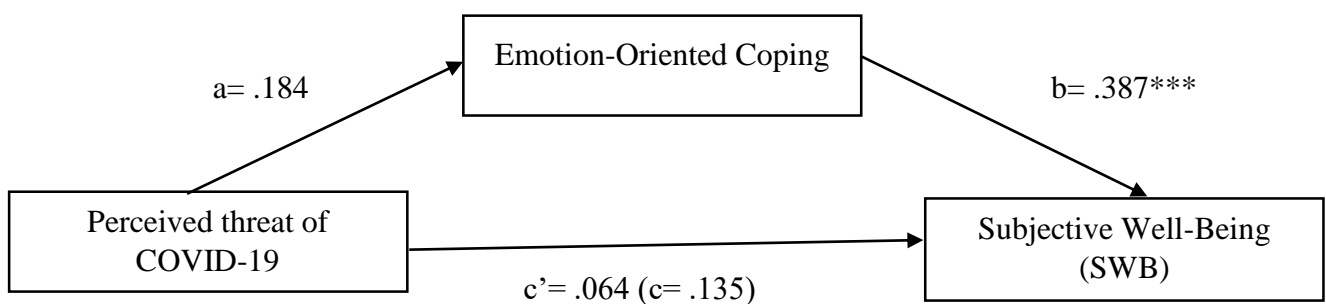
Avoidant-Oriented coping

Based on the Figure 4.5 below, it has indicated that in path a, the perceived threat of COVID-19 did not have a significant effect on avoidance-oriented coping (*B*= .133, *SE*= .099, *t*= 1.349, *p*= .179, 95% CI [-.062, .328]) and in path b, avoidant –oriented coping did not have significant effect on SWB (*B*= -.124, *SE*= .092, *t*= -1.345, *p* =.181, 95% CI [-.306, .058]). Moreover, in path c', the results also showed that there was an insignificant effect of perceived threat of covid-19 on SWB (*B*= .152, *SE*= .116, *t*= 1.315, *p* = .190, 95% CI [-.076, .380]. The results revealed that there was no significant indirect effect between perceived threat of COVID-19 and SWB in this study (*B*= - .016, *SE*= .019, 95% CI [-.058, .019]) in the view of fact that the zero was included upon the 95% of confidence level. The total effect of perceived threat of COVID-19 and SWB was also found to be insignificant (*B*= .135, *SE*= .115, *t*= 1.177, *p*= .241, 95% CI [-.092, .363]). Hence, H14 was not supported.

After applying the calculation, it was found that the ratio of indirect effect and direct effect

on total effect were -0.126 and 1.126 respectively.

$$P_M = \frac{ab}{ab + c'} = \frac{ab}{c} = 1 - \frac{(.152)}{(.135)} = -0.126$$

$$1 - P_M = 1 - \frac{ab}{ab + c'} = 1 - \frac{ab}{c} = \frac{(.152)}{(.135)} = 1.126$$

Figure 4.5

Mediation Effect of Avoidance-Oriented Coping on Perceived threat of COVID-19 and

Subjective Well-Being
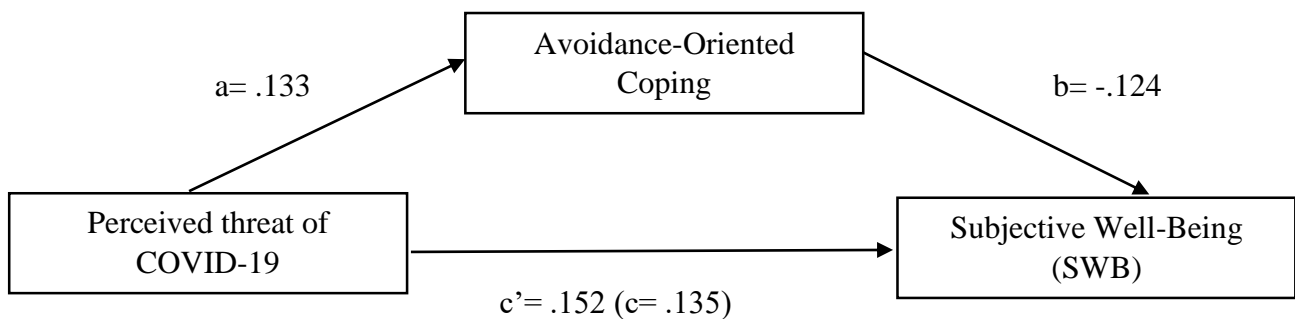
Summary of Findings

Table 4.9

Table of Result Summary

Hypotheses	Standardized Beta-β	*p*-value	Decision
H1: Perceived threat of COVID-19 negatively predicts subjective well-being among emerging adults in Malaysia.	.108	.146	Not supported
H2: Resilience positively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.	-.209	.012	Not supported
H3: Task-oriented coping positively predicts subjective well-being among emerging adults in Malaysia.	-.140	.092	Not supported
H4: Emotion-oriented coping negatively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.	.284	.000	Not supported
H5: Avoidant-oriented coping negatively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic.	-.007	.928	Not supported
H6: Perceived threat of COVID-19 positively predicts resilience among emerging adults in Malaysia.	.147	.061	Not supported
H7: Perceived threat of COVID-19 negatively predicts task-oriented coping among emerging adults in Malaysia.	.180	.022	Not supported
H8: Perceived threat of COVID-19 positively predicts emotional-oriented coping among emerging adults in Malaysia.	.144	.067	Not supported
H9: Perceived threat of COVID-19 positively predicts avoidant-oriented coping among emerging adults in Malaysia.	.106	.179	Not supported

Table 4.9 (Continued)

Table of Result Summary

Hypothesis	B	SE	95% CI	Decision
			Results	
H_{10}: Resilience mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.	-.073	.044	[-.176, .000]	Not Supported
H_{11}: Task-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.	-.058	.036	[-.142, -.003]	Supported
H_{12}: Emotional-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.	.071	.035	[.012, .147]	Not Supported[a]
H_{13}: Avoidant-oriented coping mediates the association of perceive threat of COVID-19 and subjective well-being among emerging adults in Malaysia.	-.016	.019	[-.058, .019]	Not Supported

a. Path a does not show significant effect.

Chapter V

Discussion

H1: Perceived Threat of Covid-19 Negatively Predicts Subjective Well-Being Among Emerging Adults in Malaysia.

The multiple linear regression model indicated that perceived threat of COVID-19 was not a significant predictor of subjective well-being among emerging adults in Malaysia. The present study has found an inconsistency in the findings with past studies which supported that perceived threat of COVID-19 was a significant negative predictor of subjective well-being (Commodari & La Rosa, 2020; Hu et al., 2020; Yıldırım & Güler, 2020).

The inconsistency of the findings may be due to perceived threat of COVID-19 that was assessed through a combination of perceived susceptibility and severity in present study cannot be fully explained through a subjective well-being measurement that lacking construction of cognitive factors. Perceived threat of COVID-19 was a cognitive appraisal towards the event while the WHO-5 was a scale constructed by affective and contextual factors (e.g., "My daily life has been filled with things that interest me") that assessed one's subjective well-being (Carpenter, 2005; Topp et al, 2015). According to Galinha and Pais-Ribeiro, main influence of factors in subjective well-being were cognitive and affective factors but not contextual factors. Study (e.g., Hu et al., 2020) that able to find that perceived threat of COVID-19 significantly predicts subjective well-being as the measurement construction include cognitive factors which able to evaluate the comparison between intra- and inter- individuals. Hence, the lack of assessing cognitive factors in the WHO-5 may not be able to fully explain the effect of perceived threat of COVID-19 which resulted in the variable was not a significant predictor of subjective well-being.

Besides, the predictive effects of perceived threat of COVID-19 cannot be demonstrated on subjective well-being in a short period of time may be one of the reason that lead to the inconsistency in the results with past studies. According to Galinha and Pais-Ribeiro (2011), cognitive factors such as satisfaction with life in domains that involved the comparisons in intra- and inter-individuals showed more predictive effect on subjective well-being over a two-month interval. However, the WHO-5 only focus on the past two weeks of individual's subjective well-being may not show the predictive effect of perceived threat of COVID-19 (Top et al., 2015).

H2: Resilience Positively Predicts Subjective Well-Being Among Emerging Adults in Malaysia During the COVID-19 Pandemic.

The hypothesis in present study was not supported as resilience was a significant negative predictor of subjective well-being. This result was inconsistent with the past studies (e.g., Tecson et al., 2019; Kimhi et al., 2020) which supported resilience as significant positive predictor of subjective well-being.

The inconsistency of the findings may be due to individual with high resilience will keep "bouncing back" from the traumas or dealing with problems even though the outcomes did not meet the satisfaction which leads to lower subjective well-being. This result was consistent with the study conducted by Annor and Amponsah-Tawiah (2020) which higher level of resilience negatively predicted subjective well-being in a workplace bullying as individual's keep trying to cope with the situation with personal resources even though the result was not fine. High level of resilience may lead to excessively persistent with unachievable objective which individual will keep trying to overcome the unsolvable problem (Chamorro-Premuzic, & Lusk, 2017). Hence, this may lead to resilience as a

significant negative predictor of subjective well-being due to the unsatisfactory attempts made in order to cope with the issues during pandemic.

Apart from that, resilience negatively predicted subjective well-being may be due to the tolerance of the issues or problems. Kelly et al. (2019) stated that high resilience of nurses led to the tolerance of adversity specifically in unhealthy work environment. The tolerance in negative affects due to high resilience resulted in poorer individuals' subjective well-being (Haddadi & Besharat, 2010). Therefore, the resilience was a significantly negative predictor in our study maybe due to the tolerance toward the negative issues of COVID-19 pandemic.

H3: Task-Oriented Coping Positively Predicts Subjective Well-Being Among Emerging Adults in Malaysia During the COVID-19 Pandemic.

The multiple linear regression model indicated that task-oriented coping was not a significant predictor of subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic. The present study has found an inconsistency in the findings with past studies which supported that task-oriented coping was a significant positive predictor of subjective well-being (Gustems-Carnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013; Tomás et al., 2012).

The inconsistency of the findings may be due to the task-oriented coping was associated with individuals' level of narcissism which hampered one's subjective well-being. According to Birkás et al. (2016), individuals' task-oriented coping positively associated with one's narcissism which narcissists tend to apply problem-focused actions toward issues. However, different in type of narcissism reflected on variety of subjective well-being. For instance, individuals' who have higher level of adaptation on the expression of narcissism reported a higher level of life satisfaction; higher level of grandiose narcissism was also reported with a greater level in the experience of negative affect (Giacomin & Jordan, 2016).

The difference in narcissism was related to the level of hostility especially individuals who made to feel narcissism by others were high in the level of hostility and led to experience of negative affect (Li et al., 2015). The task-oriented coping which positively associated with different types of narcissism that was not identified in present study may have hampered the finding of individual's subjective well-being, hence, task-oriented coping was not a significant predictor of subjective well-being in present study.

H4: Emotion-Oriented Coping Negatively Predicts Subjective Well-Being Among Emerging Adults in Malaysia During the COVID-19 Pandemic.

The hypothesis in the present study was not supported as emotion-oriented coping was a significant positive predictor of subjective well-being among emerging adults in Malaysia. This finding was inconsistent with past studies (e.g., Gustems-Carnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013; Mayordomo-Rodríguez et al., 2015) which described emotion-oriented coping as a significantly negative predictor of subjective well-being.

However, past studies (e.g., Green et al., 2010; Sakuraya et al., 2020) have consistent findings which supported emotional-oriented coping as significantly positive predictor of subjective-well-being. The emotion-oriented coping was used to manage the emotional distress and it showed efficacy in uncontrollable situation through regulation of these emotional impact of the event (Folkman, 2013; Green et al, 2010). Individuals who applied emotion-oriented coping to detach from the problems has positive effects of subjective well-being (Eryilmaz,2012; Lazarus & Folkman, 1987).

These findings of emotion-oriented coping where a significantly positive predictor of subjective well-being may be explained through the relation with one's emotional intelligence. Serrat (2017) described that emotional intelligence as the ability to identify and

manage one's emotion, and the development of emotional intelligence showed benefits on one' life. Moreover, emotional intelligence was found to be significantly positively associated with subjective well-being through managing the emotions (Por et al., 2011; Sánchez-Álvarez et al., 2015). Hence, individuals who applied emotion-oriented coping may facilitate the development of emotional intelligence which enhance the skills of managing and cope better with one's emotions that will improve individuals' subjective well-being.

H5: Avoidant-Oriented Coping Negatively Predicts Subjective Well-Being Among Emerging Adults in Malaysia During the COVID-19 Pandemic.

The multiple linear regression model showed that avoidant-oriented coping was not a significant predictor of subjective well-being among emerging adults. The finding was inconsistent with past studies (e.g., Gustems-Carnicer & Calderón, 2012; Kuo et al., 2017) which indicated avoidant-oriented coping was a significant negative predictor of subjective well-being.

The inconsistency of the finding with past studies may be due to difficulty in recall of the subjective well-being. The WHO-5 scale required the recall procedure as it assessed the participants' subjective well-being in the past two weeks (WHO, 1998). According to Maiorano and Vagni (2020), the used of avoidant-oriented coping intensified the level of immediate suggestibility and reduced the preservative effect of immediate recall. The lower scores in immediate recall have increased the individuals' exposure to suggestive questions (Ridley and Gudjonsson, 2013). The difficulty in recall of subjective well-being during the past two weeks especially within individuals' who reported a frequent used of avoidant-oriented coping resulted in the scores of subjective well-being may not be explainable or have been affected by other factors, hence, avoidant-oriented coping was not a significant predictor of subjective well-being.

H6: Perceived Threat of COVID-19 Positively Predicts Resilience Among Emerging Adults in Malaysia.

The hypothesis in the present study was not supported as the perceived threat of COVID-19 was not a significant predictor of resilience among emerging adults in Malaysia. This finding was inconsistent with the past studies (e.g., Bonanno, 2004; Hanson et al., 1995) which supported perceived threat of COVID-19 was a significantly positive predictor of resilience.

The inconsistent finding with the past studies may be due to the individuals were being in a situation that do not need to demonstrate the level of resilience. The distinction in availability of protectiveness of social resources provided to individuals in specific contexts resulted in demonstration or development of one's resilience (Ungar, 2013). The resources such as grant for companies in digitalization, financial assistance and medical support were provided by the government in order to support the people during the COVID-19 (Koya, 2020; Lee, 2021; Muthiah, 2021). The sufficient resources provided to cope with issues during COVID-19 may have required less or no resilience demonstrated within individuals no matter on the perception towards COVID-19, hence, the perceived threat of COVID-19 was not a significant predictor of resilience

H7: Perceived Threat of COVID-19 Negatively Predicts Task-Oriented Coping Among Emerging Adults in Malaysia.

The multiple linear regression model indicated that the hypothesis was not supported in present study as perceived threat of COVID-19 was a significant positive predictor of task-oriented coping. The result showed inconsistency with past studies (e.g., Doron & Martinent, 2016) that supported perceived threat of COVID-19 was a significantly negative predictor of task-oriented coping.

The inconsistent finding in present study may be due to individual perceived the threat of COVID-19 was manageable and resulted it to be a significantly positive predictor of task-oriented coping. Individual's may perceive the threat of COVID-19 as controllable due to the measures taken by the government such as movement control order and the application of vaccine to prevent the spread of COVID-19 (Sivananda & Timbuong, 2021; Zolkepli, 2021). Perceived threat that are controllable possibly view as challenges which showed positive association with task-oriented copping as its effectiveness in coping with the issues in controllable situation (Endler et al, 1993; Nicholls et al., 2006; Nicholls et al., 2016). Therefore, perceived threat of COVID-19 was a significantly positive predictor of task-oriented coping.

H8: Perceived Threat of COVID-19 Positively Predicts Emotional-Oriented Coping Among Emerging Adults in Malaysia.

The hypothesis in present study was not supported as the perceived threat of COVID-19 was not a significant predictor of emotional-oriented coping among emerging adults in Malaysia. The finding was inconsistent with past studies (e.g., Doron & Martinent, 2016; Nicholls et al., 2006) which supported the perceived threat of COVID-19 was a significantly positive predictor of emotion-oriented coping.

The inconsistency of the finding with past studies may be due to the controllable situation of COVID-19 pandemic do not require the use of emotional-oriented coping. According to past studies (e.g., Folkman, 2013; Green et al, 2010), emotional-oriented coping only showed its efficacy in unmanageable situation. The preventive measures such as vaccine and movement control order have made the COVID-19 pandemic become controllable by reducing the spread of disease (Sivananda & Timbuong, 2021; Zolkepli, 2021). Therefore,

the no efficacy of emotion-oriented coping on the COVID-19 resulted in perceived threat of COVID-19 was not a significant predictor of emotion-oriented coping.

H9: Perceived Threat of COVID-19 Positively Predicts Avoidant-Oriented Coping Among Emerging Adults in Malaysia.

The multiple linear regression model indicated that the hypothesis was not supported in present study as perceived threat of COVID-19 was not a significant positive predictor of avoidant-oriented coping. The result showed inconsistency with past studies (e.g., Mian et al., 2017; Prochwicz et al., 2020) that supported perceived threat of COVID-19 was a significant positive predictor of emotion-oriented coping.

The inconsistent finding with past studies may be due to the cues of threat do not process by avoidant-coping oriented. The bias in the given attention on avoiding threatening content was associated with the avoidant-oriented coping, and the used of avoidant-oriented coping produced efficacy in inhibition of threatening information (Avero et al, 2003). The attentional bias which less attention given on threatening contents resulted in the reduction of individuals' experiences of the threat episodes and the process of threat information (Boston & Sharpe, 2005; McNally, 2018). The lack of processing and avoidance of threat cues and information may cause the finding in present study as the perceived threat of COVID-19 cannot be taken place through avoidant-oriented coping due to neglection of the processes.

H10: Resilience Mediates the Association of Perceive Threat of COVID-19 and Subjective Well-Being Among Emerging Adults in Malaysia.

According to the mediation analysis, resilience was found to be a non-significant mediator on the association of perceived threat of COVID-19 and SWB among emerging adults in Malaysia. The present result was not consistent with the past finding (Kimhi et

al.,2020; Yıldırım & Arslan, 2020) which emphasize that resilience could be one of the factor that helped in buffering the adverse effect of perceiving COVID-19 as a threat on SWB.

As discussed in H2 and H6, perceived threat of COVID-19 does not positively predict resilience among emerging adults in Malaysia. However, resilience negatively predicts subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic indicated that resilience does not play a mediating role in this study. This might due to the reason that individuals are better prepared when in face of threatening situation (Blasco-Belled et al., 2020). In a study revealed that if one is expose to more information or knowledge regarding on COVID-19, one has a higher tendency to practice protective measure to avoid the infection (Zhong et al., 2020). Hence, in this situation, resilience can influence the individual who is well-prepared with COVID-19 information to adapt better the COVID-19 threat that later affect one's subjective well-being.

H11: Task-Oriented Coping Mediates the Association of Perceive Threat of COVID-19 and Subjective Well-Being Among Emerging Adults in Malaysia.

After conducting mediation analysis, it is found that task-oriented coping is a significant mediator on the association of perceived threat of COVID-19 and subjective well-being. The result is consistent with the past study (GustemsCarnicer & Calderón, 2012; Loukzadeh & Bafrooi, 2013) that indicate that task-oriented coping showed a potential mediating effect.

One of the possible reasons that task-oriented coping plays a mediating effect is because it focusing on tackling the real issue and attempting to develop solutions. For example, when an individual perceived that COVID-19 is a risk to them, they are more eager to tailor ways to handle the situation such as wearing mask, keeping a social distance, take care of personal hygiene and so on. Besides, a study conducted by Smith et al. (2016) stated

that when task oriented- coping is adopted to deal with stressful situation, it will link to a more positive and adaptive outcome. For instance, reduced in psychopathology problem, depression, anxiety (Myers et al., 2013; Smith et al.,2016).

H12: Emotional-Oriented Coping Mediates the Association of Perceive Threat of COVID-19 And Subjective Well-Being Among Emerging Adults in Malaysia.

The mediation analysis revealed that emotional-oriented coping is not a significant mediator between the association of perceived threat of COVID-19 and subjective well-being. The result was not aligned with the past study that hypothesize the potential mediating role of emotional-oriented coping (Mayordomo-Rodríguez et al., 2015; Sagui-Henson, 2017).

As discussed in H8 and H4, perceived threat of COVID-19 does not positively predict emotional-oriented coping among emerging adults in Malaysia. On the other hand, emotion-oriented coping does not negatively predict subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic had shown that emotion-oriented coping is not a significant mediator. According to Ben-Zur (2020), the efficacy of emotion-oriented coping can be conditional on the stressfulness of the encounter situation as well as the duration adopting this coping strategy. It is found that emotion-oriented coping can be effective when person is unable to do things to alter the situation, therefore regulate their emotion to reduce the stressfulness of the situation. However, emotion-oriented coping is not a long term strategy for an individual to deal with a situation, conversely it can be harmful as it emphasizes on the emotional changes rather than solving the problem (Ben-Zur, 2020; Sears et al., 2000). Although individual perceived COVID-19 as a situation that is uncontrollable, they did not choose emotion-oriented coping as a way to cope because it is not effective in long run. Furthermore, another study conducted and stated that task-oriented coping can be

incorporated with emotion-oriented coping to achieve the optimal effect to effectively handling stressful situation (Thomas & Jaque, 2016).

H13: Avoidant-Oriented Coping Mediates the Association of Perceived Threat of COVID-19 and Subjective Well-Being Among Emerging Adults in Malaysia.

It was found that avoidant-oriented coping does not mediate between the association of perceived threat of COVID-19 and subjective well-being after conducting the mediation analysis. The present results exhibit an inconsistency with the past studies (Bryden et al., 2015; Kuo et al., 2017).

As has been explained in H9 and H5, perceived threat of COVID-19 does not positively predict avoidant-oriented coping among emerging adults in Malaysia. Avoidant-oriented coping does not negatively predict subjective well-being among emerging adults in Malaysia during the COVID-19 pandemic. One of the plausible reasons that avoidant-oriented coping does not mediate the relationship is because when individual perceived the severity of COVID-19 as a threat, they do not overlook this matter that is happening around the globe which is contrary with avoidant-oriented coping that focus on denying the reality or show no concern on the situation (Salin et al., 2020). In order words, in Malaysia, not only the government but also individual had shown effort in taking actions to prevent and reduce the everyday infection cases of COVID-19. A study found that the controlled cases of COVID-19 helped in maintaining the well-being of an individual (Blasco-Belled et al., 2020).

Implications

Theoretical Implications

The theory that used in present study was S-O-R model by Mehrabian and Rusell (1974). Present study helps in broaden the perspective literature related to COVID-19 in Malaysia which could be useful in future study as there are less study related to COVID-19 in

Malaysia and this pandemic just occurred on around end of 2019. Present study found that task-oriented coping mediates the association between perceived threat of COVID-19 and SWB.

In addition, present study found that resilience and emotion-oriented coping are significant predictors of SWB, but not perceived threat of COVID-19, and other coping strategies (task-oriented coping, avoidance-oriented coping). Past studies have found that these predictors were significance predictor of SWB for instance perceived threat of COVID-19 was a significance predictor of SWB (Parades et al., 2020). Hence present study was only able to contribute the findings that resilience and emotion-oriented coping predicts SWB, and task-oriented coping mediates the association between perceived threat of COVID-19 and SWB.

Practical Implications

Present study might able to concern about and strengthen the knowledge of the public and have better understanding regarding perceived threat of COVID-19, resilience and coping strategies (task-oriented coping, emotion-oriented coping, avoidance-oriented coping) on SWB because COVID-19 was just occurred around end of 2019 and many studies regarding this was conducted out of Malaysia. Society members could have some idea to treat or help the public to overcome their issue if the individual's SWB was affected by the pandemic.

The result of present study showed that the predictors were not significantly predicted SWB except resilience and emotion-oriented coping. For those individuals who was struggle dealing with their daily life could also possible reach out to some mental health support organization such as Befrienders, Malaysian Mental Health Association for some emotional support because among three coping strategies (task-oriented coping, emotion-oriented coping, avoidance-oriented coping) only emotion-oriented coping was significantly predicted

SWB. Other than that, policymakers can cooperate with the mental health support organization or some mental health profession to organize talks to guide them or to teach them skill or enhance their ability to deal with life problems.

Limitations of Study

There are few limitations that present study needed to be address. The first limitation was present study was only focus on emerging adults with age range between 18 to 25 years old. However, this pandemic was happened worldwide, and all age group had been affected. According to a study conducted by Lee (2020), SWB of older adults was affected as well, especially those who still in the workforce. Hence, present study has low generalizability to other age groups. On top of that, the latest age range suggested by Arnett et al. (2014) was between 18 to 29 years old however present study was still adapted to previous age range which was 18 to 25 years old.

Then, the ratio of races was imbalance. Majority of the respondents was Chinese which has 91.4%. The imbalance of races in present study could potentially lead to bias. The reason behind this disproportionate was due to the aim of present study was not on investigate the racial difference on SWB or other variables, therefore this issue not affected present study. For future study which focus on the racial difference should make sure the sample collected with races proportionate.

The use of self-reported online questionnaire could also be one of the limitations because it could potentially lead to social desirability bias. According to Latkin et al. (2017), social desirability bias refers to the tendency to over report more favourable attributes and underreport not desirable behaviours. This bias may potentially lead to inaccurate self-report and influence the final result of present study.

Sample size was also one of the limitations in present study. The number of participants recruited in the study was 162. Hence the result might not represent the whole population. Small sample size could also reduce the power of the study and reduce the real effect when carried out statistical analysis.

Recommendations of Study

Participants in present study were aged between 18-25. Future study is suggested to explore on other age group as this pandemic affecting any age group especially working adult or those older adults remained in workforce because they might be the financial support to the family. By understanding their SWB could help in prevent unwanted issue arise such as suicide. A news reported by BBC in 2020 showed that the rates of suicidal ideation increased as compared with before the pandemic. Present study also need to employ the latest age range for emerging adult which was 18 to 29 years old instead of 18 to 25 years old.

Then, the ratio of races was imbalance in present study. Random sampling method specifically stratified random sampling was suggested to use in order to get more equal data. Stratified random sampling was suggested because in this method, the population will divide into subgroup as followed the demographic factor (Elfil & Negida, 2017). Hence, if there is a research focus on the racial difference on SWB in Malaysia, the researcher can separate the target population into different strata which include Malay, Chinese, Indian and other and choose the participants from the strata accordingly.

To overcome social desirability bias, there are 7 methods which included the use of force-choice item, self-administration of questionnaire, the use of proxy subjects and so on (Nederhof, 1985). Other than the 7 methods, the use of social desirability bias scale can be used to overcome this issue as well (Larson, 2018; Pontes et al., 2014).

Future study was suggested to increase the number of participants to enhance the significance of finding and also to generate a higher statistical power which will subsequently increase the real effect of statistical analysis.

Conclusion

In conclusion, present study has achieved the objectives to determine the predictive effects of perceived threat of COVID-19, resilience and coping strategies (task-oriented coping, emotion-oriented coping, avoidance-oriented coping) and also examine the mediating role of resilience and coping strategies (task-oriented coping, emotion-oriented coping, avoidance-oriented coping) on the association between perceived threat of COVID-19 and SWB among emerging adults in Malaysia. The results showed that perceived threat of COVID-19, and coping strategies (task-oriented coping, avoidance-oriented coping) not significantly predicted SWB, but resilience and emotion-oriented coping was significantly predicted SWB. However, both predictors are significantly predicted SWB in the result of present study but it was not matched with the hypotheses of present study, hence they are not supported. COVID-19 has impacted our life for more than one year until now, so it is important to put attention on how this pandemic affect one's SWB.

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Zhong, B.-L., Luo, W., Li, H.-M., Zhang, Q.-Q., Liu, X.-G., Li, W.-T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: A quick online cross-sectional survey. *International Journal of Biological Sciences, 16*(10), 1745–1752. https://doi.org/10.7150/ijbs.45221

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Appendixes

Appendix A

Calculation of Effect Size

Perceived Threat of COVID-19

$$f_1{}^2 = \frac{0.0188}{(1-0.0188)} = 0.0192$$

Parades, M. R., Apaolaza, V., Fernandez-Robin, C., Hartmann, P., & Yañez-Martinez, D.

    (2020). The impact of COVID-19 pandemic on subjective well-being: The interplay

    of perceived threat, future anxiety and resilience. *Personality and Individual*

    Differences, *170*, 1-6. https://doi.org/10.1016/j.paid.2020.110455

Resilience

$$f_2{}^2 = \frac{0.2809}{(1-0.2809)} = 0.3906$$

Yildirim, M., & Arslan, G. (2020). Exploring the associations between resilience,

    dispositional hope, preventive behaviours, subjective well-being, and psychological

    health among adults during early stage of COVID-19.*Current Psychology*.

    https://doi.org/10.1007/s12144-020-01177-2

Task-Oriented Coping

$$f_3{}^2 = \frac{0.0729}{(1-0.0729)} = 0.0786$$

Avoidance-Oriented Coping

$$f_4{}^2 = \frac{0.0841}{(1-0.0841)} = 0.0918$$

Chen, C. (2016). The role of resilience and coping styles in subjective well-being among

    Chinese university students. *The Asia-Pacific Education Researcher*, *25*(3), 377-387.

    https://doi.org/10.1007/s40299-016-0274-5

Emotion-Oriented Coping

$$f_5{}^2 = \frac{0.16}{(1-0.16)} = 0.1905$$

Rogowska, A. M., Kusnierz, C., & Bokszczanin A. (2020).Examining anxiety, life

    satisfaction, general health, stress and coping styles during COVID-19 pandemic in

    Polish sample of university students. *Psychology Research and Behavior*

    Management, *13*, 797-811. https://doi.org/10.2147/PRBM.S266511

Total effect size

$$f^2 = \frac{0.0192 + 0.3906 + 0.0786 + 0.1905 + 0.0918}{5} = 0.15$$

Appendix B

G*Power Sample Size Calculation for Multiple Regression
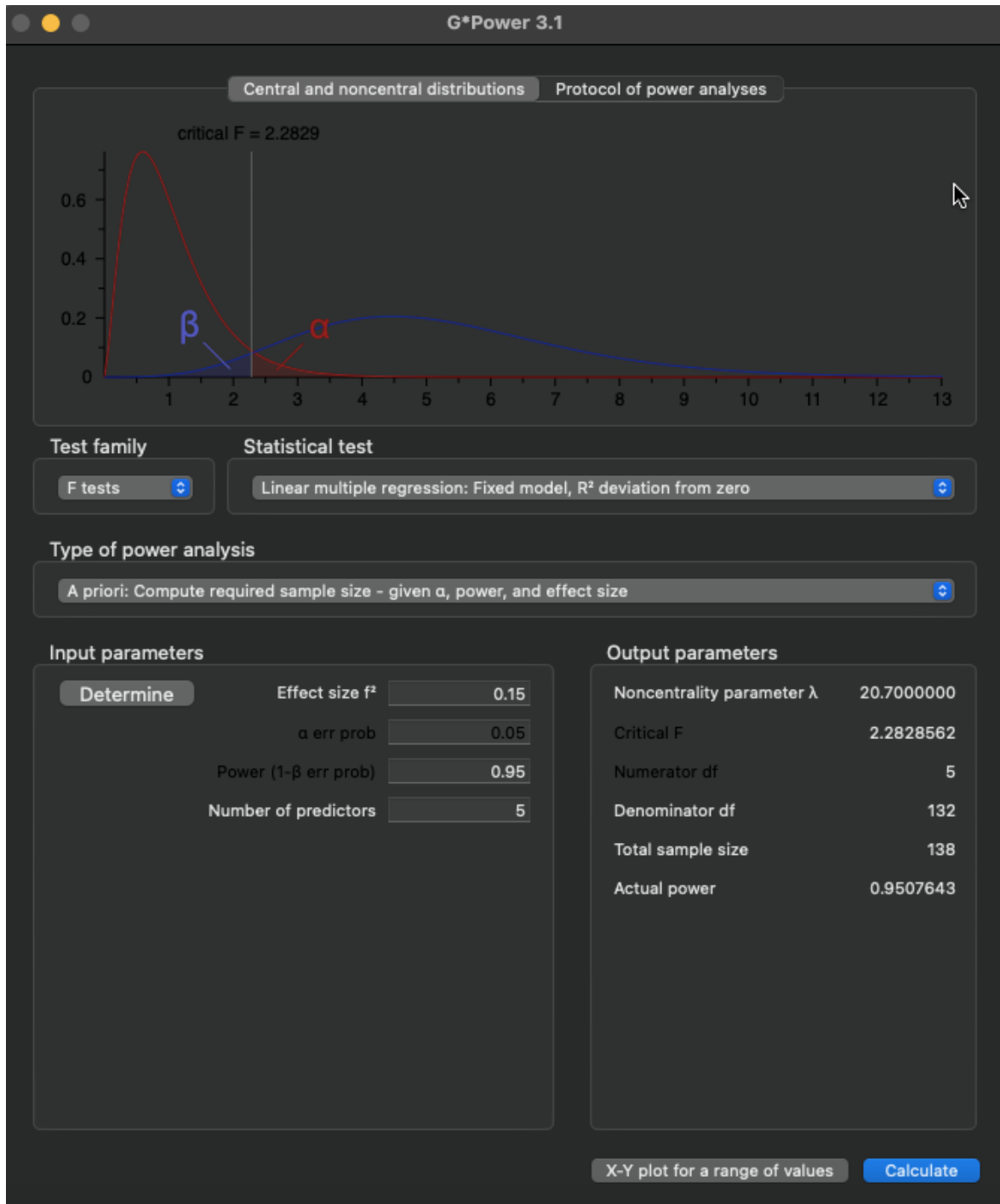
Appendix C

A-Priori Sample Size for Multiple Regression

A-priori Sample Size Calculator for Multiple Regression

This calculator will tell you the minimum required sample size for a multiple regression study, given the desired probability level, the number of predictors in the model, the anticipated effect size, and the desired statistical power level.

Please enter the necessary parameter values, and then click 'Calculate'.

Anticipated effect size (f^2): 0.15

Desired statistical power level: 0.95

Number of predictors: 5

Probability level: 0.05

Calculate!

Minimum required sample size: 138

Appendix D

Boxplot

Boxplot After Univariate Outlier Cleaning
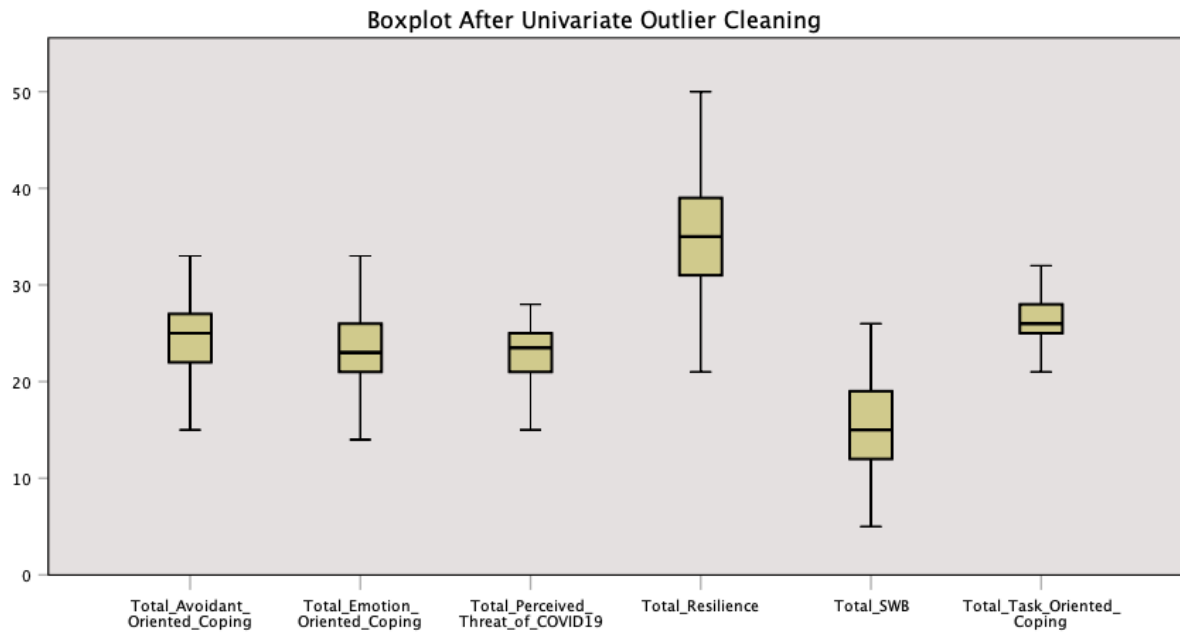
Appendix E

P-P Plot and Histogram of Perceived Threat of COVID-19
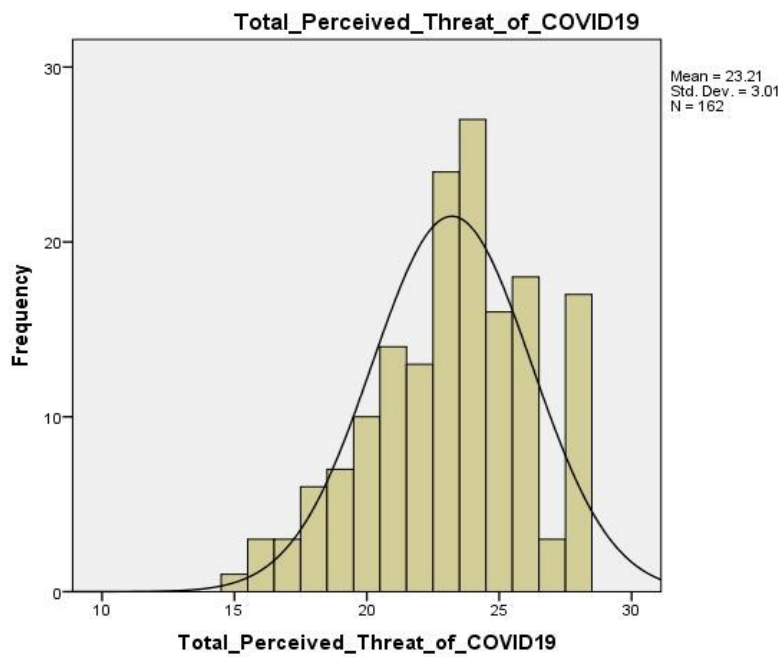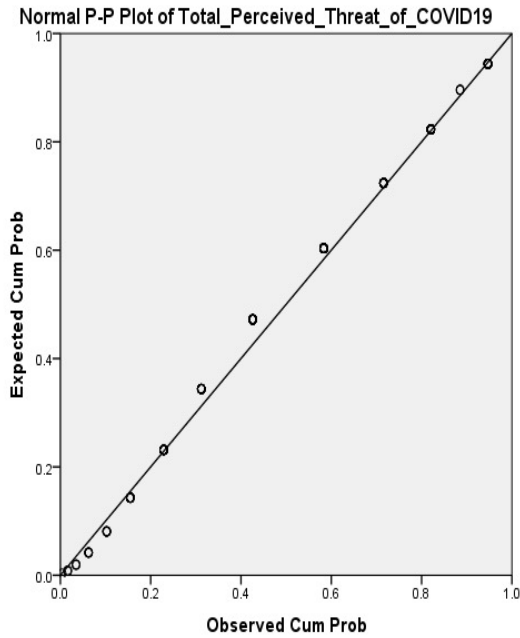
Appendix F

P-P Plot and Histogram of Resilience
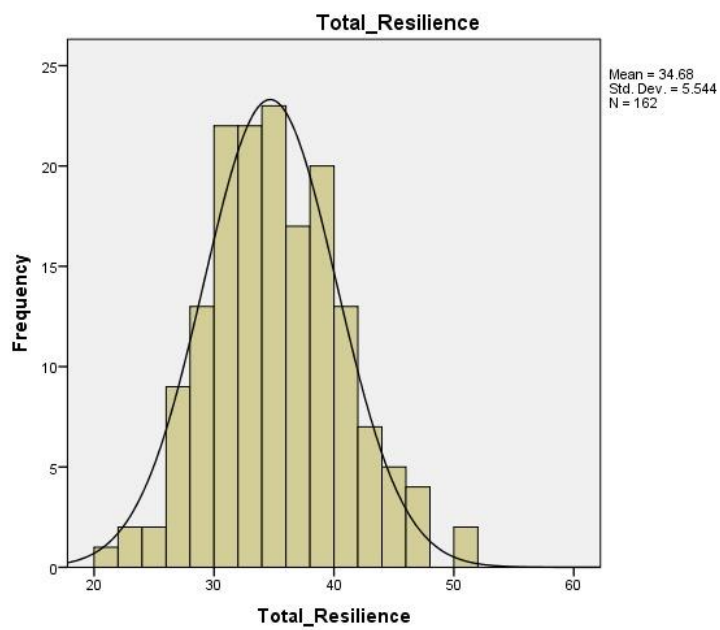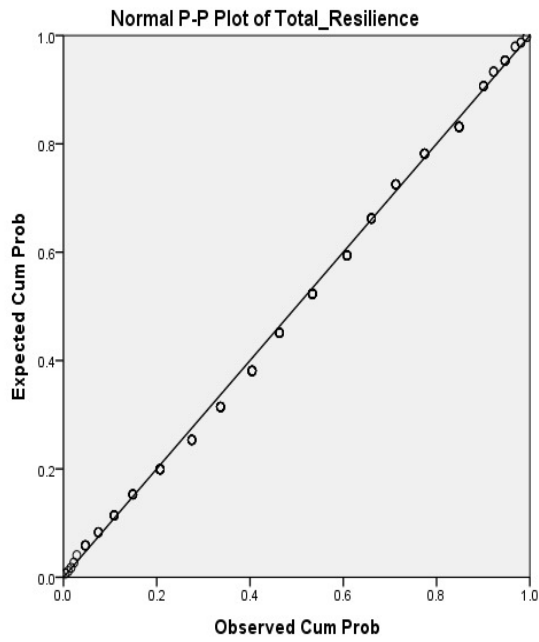
Appendix G

P-P Plot and Histogram of Avoidance-Oriented Coping
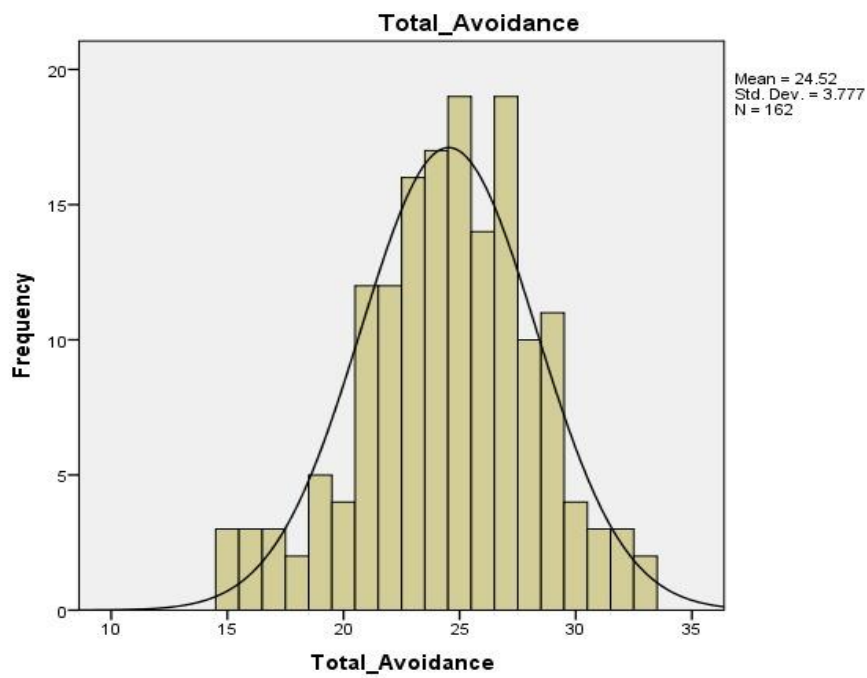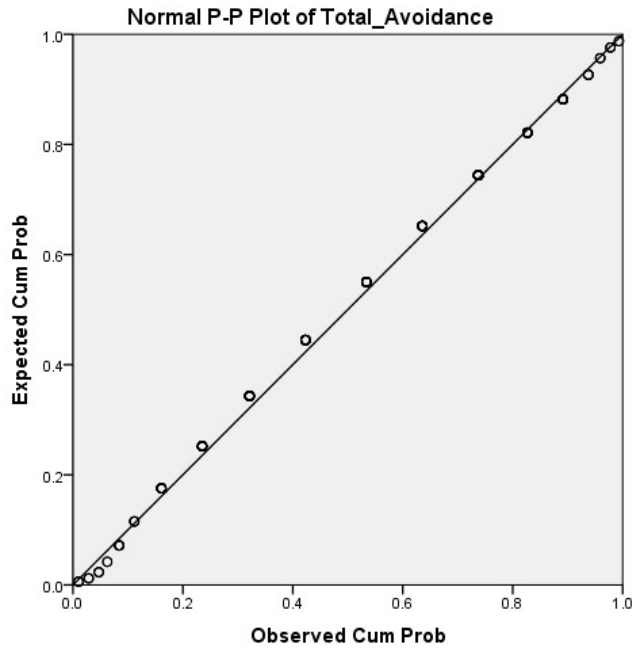
Appendix H

P-P Plot and Histogram of Task-Oriented Coping
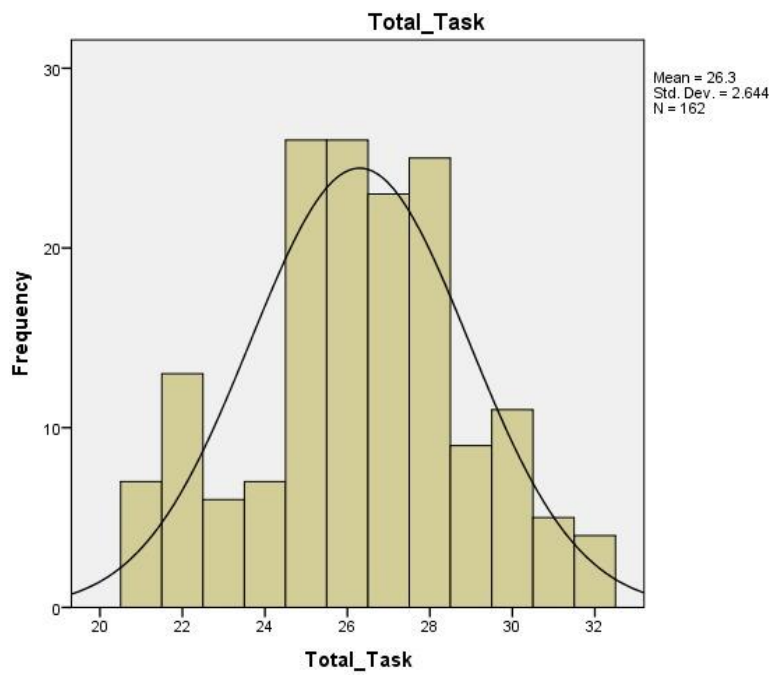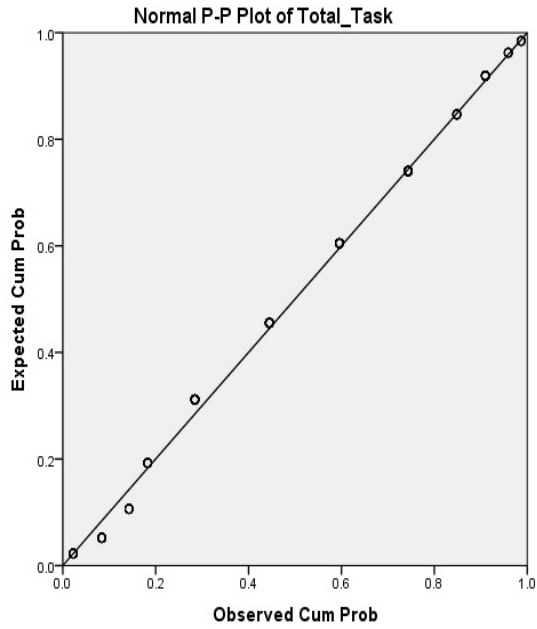
Appendix I

P-P Plot and Histogram of Emotion-Oriented Coping
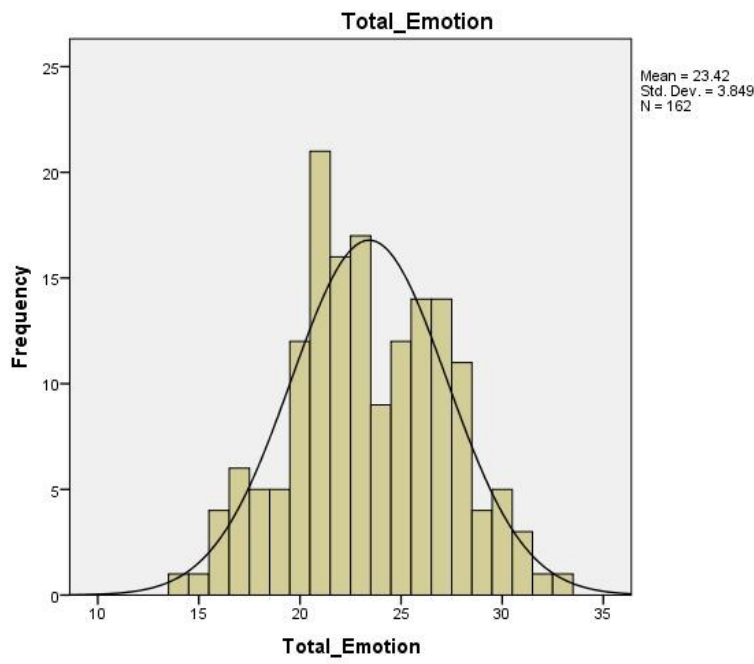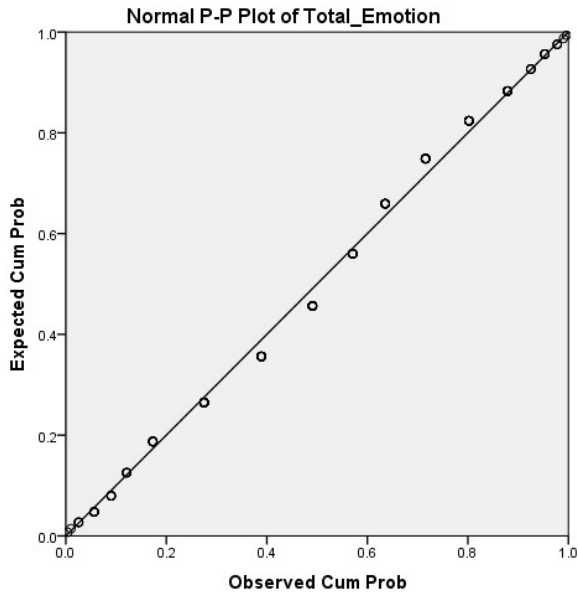
Appendix J

P-P Plot and Histogram of SWB
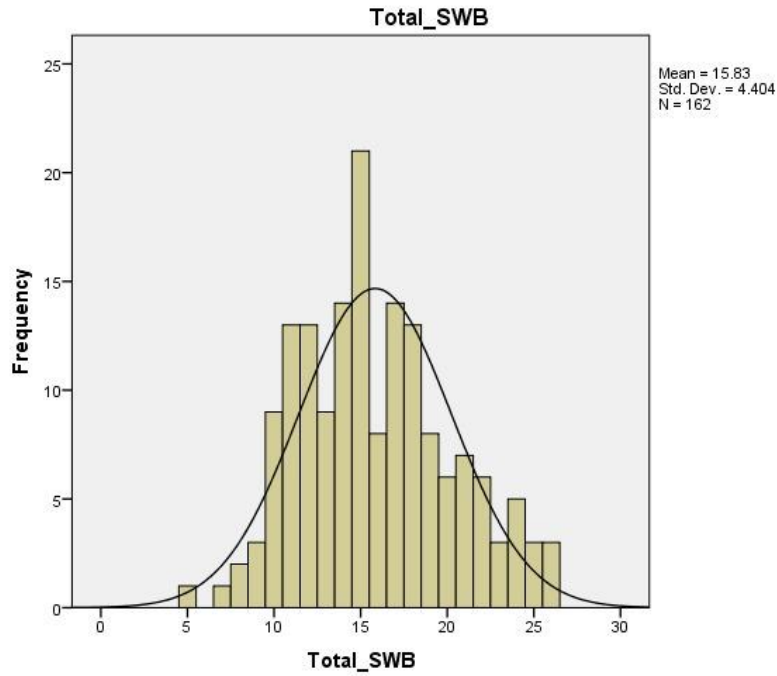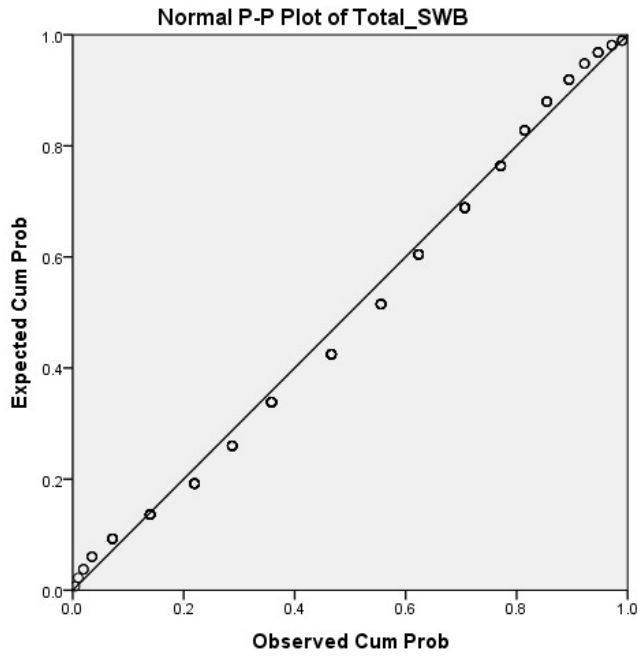
Appendix K

Normality Test – Kolmogorov-Smirnov Test (K-S Test)

	Kolmogorov-Smirnov		
	Statistic	df	Sig.
Perceived Threat of COVID-19	.120	162	.000
Resilience	.058	162	.200*
Task-Oriented Coping	.108	162	.000
Emotion-Oriented Coping	.087	162	.005
Avoidance-Oriented Coping	.075	162	.027
Subjective Well-being	.106	162	.000

Note. *Fulfil the criteria of K-S test.

Appendix L

Mediation Analysis - Resilience

```
Run MATRIX procedure:

**************** PROCESS Procedure for SPSS Version 3.5.3 ****************

          Written by Andrew F. Hayes, Ph.D.        www.afhayes.com
     Documentation available in Hayes (2018). www.guilford.com/p/hayes3

*************************************************************************
Model  : 4
    Y  : Total_SW
    X  : Total_Pe
    M  : Total_Em

Sample
Size:  162

*************************************************************************
OUTCOME VARIABLE:
 Total_Em

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .144        .021     14.600      3.391      1.000    160.000       .067

Model
             coeff         se          t          p       LLCI       ULCI
constant    19.144      2.341      8.177       .000     14.521     23.768
Total_Pe      .184       .100      1.841       .067      -.013       .382

Standardized coefficients



Standardized coefficients
             coeff
Total_Pe      .144


*************************************************************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .347        .120     17.275     10.877      2.000    159.000       .000

Model
             coeff         se          t          p       LLCI       ULCI
constant     5.289      3.032      1.744       .083      -.701     11.278
Total_Pe      .064       .110       .585       .560      -.153       .281
Total_Em      .387       .086      4.495       .000       .217       .556

Standardized coefficients
             coeff
Total_Pe      .044
Total_Em      .338

*************************** TOTAL EFFECT MODEL ***************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .093        .009     19.348      1.384      1.000    160.000       .241
```

```
Model
             coeff        se         t         p       LLCI      ULCI
constant    12.689     2.695     4.708      .000     7.366    18.011
Total_Pe     .135       .115     1.177      .241     -.092      .363


Standardized coefficients
             coeff
Total_Pe     .093


************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y **************


Total effect of X on Y
    Effect        se         t         p       LLCI      ULCI      c_ps      c_cs
     .135       .115     1.177      .241     -.092      .363      .031      .093


Direct effect of X on Y
    Effect        se         t         p       LLCI      ULCI      c'_ps     c'_cs
     .064       .110      .585      .560     -.153      .281      .015      .044


Indirect effect(s) of X on Y:
             Effect    BootSE    BootLLCI  BootULCI
Total_Em      .071      .035      .012      .147


Partially standardized indirect effect(s) of X on Y:
             Effect    BootSE    BootLLCI  BootULCI
Total_Em      .016      .008      .003      .032


Completely standardized indirect effect(s) of X on Y:
             Effect    BootSE    BootLLCI  BootULCI
Total_Em      .049      .023      .009      .097




*********************** ANALYSIS NOTES AND ERRORS ***********************


Level of confidence for all confidence intervals in output:
  95.0000


Number of bootstrap samples for percentile bootstrap confidence intervals:
  5000


WARNING: Variables names longer than eight characters can produce incorrect output
when some variables in the data file have the same first eight characters. Shorter
variable names are recommended. By using this output, you are accepting all risk
and consequences of interpreting or reporting results that may be incorrect.


------ END MATRIX -----
```

Appendix M

Mediation Analysis – Task-Oriented Coping

```
Run MATRIX procedure:

**************** PROCESS Procedure for SPSS Version 3.5.3 ****************

          Written by Andrew F. Hayes, Ph.D.        www.afhayes.com
      Documentation available in Hayes (2018). www.guilford.com/p/hayes3

*************************************************************************
Model  : 4
    Y  : Total_SW
    X  : Total_Pe
    M  : Total_Ta

Sample
Size:  162

*************************************************************************
OUTCOME VARIABLE:
 Total_Ta

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .180        .032      6.808      5.369      1.000    160.000       .022

Model
                coeff         se          t          p       LLCI       ULCI
constant       22.622      1.599     14.151       .000     19.465     25.780
Total_Pe         .158       .068      2.317       .022       .023       .293

Standardized coefficients



                coeff
Total_Pe         .180


*************************************************************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .234        .055     18.563      4.605      2.000    159.000       .011

Model
                coeff         se          t          p       LLCI       ULCI
constant       20.919      3.961      5.281       .000     13.096     28.743
Total_Pe         .193       .115      1.684       .094      -.033       .420
Total_Ta        -.364       .131     -2.787       .006      -.622      -.106

Standardized coefficients
                coeff
Total_Pe         .132
Total_Ta        -.218


************************** TOTAL EFFECT MODEL ****************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R        R-sq        MSE          F        df1        df2          p
       .093        .009     19.348      1.384      1.000    160.000       .241
```

```
Model
              coeff        se         t         p       LLCI      ULCI
constant     12.689     2.695     4.708      .000     7.366     18.011
Total_Pe      .135       .115     1.177      .241     -.092       .363

Standardized coefficients
              coeff
Total_Pe      .093

*************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y **************

Total effect of X on Y
     Effect        se         t         p       LLCI      ULCI      c_ps      c_cs
      .135       .115     1.177      .241     -.092       .363      .031      .093

Direct effect of X on Y
     Effect        se         t         p       LLCI      ULCI      c'_ps     c'_cs
      .193       .115     1.684      .094     -.033       .420      .044      .132

Indirect effect(s) of X on Y:
              Effect    BootSE    BootLLCI   BootULCI
Total_Ta      -.058      .036      -.142      -.003

Partially standardized indirect effect(s) of X on Y:
              Effect    BootSE    BootLLCI   BootULCI
Total_Ta      -.013      .008      -.032      -.001

Completely standardized indirect effect(s) of X on Y:
              Effect    BootSE    BootLLCI   BootULCI
Total Ta      -.039      .024      -.096      -.002



************************ ANALYSIS NOTES AND ERRORS ************************

Level of confidence for all confidence intervals in output:
  95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
  5000

WARNING: Variables names longer than eight characters can produce incorrect output
when some variables in the data file have the same first eight characters. Shorter
variable names are recommended. By using this output, you are accepting all risk
and consequences of interpreting or reporting results that may be incorrect.

------ END MATRIX -----
```

Appendix N

Mediation Analysis – Emotion-Oriented Coping

```
Run MATRIX procedure:

**************** PROCESS Procedure for SPSS Version 3.5.3 ****************

        Written by Andrew F. Hayes, Ph.D.       www.afhayes.com
    Documentation available in Hayes (2018). www.guilford.com/p/hayes3

**************************************************************************
Model  : 4
    Y  : Total_SW
    X  : Total_Pe
    M  : Total_Em

Sample
Size:  162

**************************************************************************
OUTCOME VARIABLE:
 Total_Em

Model Summary
          R       R-sq       MSE          F        df1        df2          p
       .144       .021    14.600      3.391      1.000    160.000       .067

Model
              coeff        se          t          p       LLCI       ULCI
constant     19.144     2.341      8.177       .000     14.521     23.768
Total_Pe       .184      .100      1.841       .067      -.013       .382
```

```
              coeff
Total_Pe       .144

**************************************************************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R       R-sq       MSE          F        df1        df2          p
       .347       .120    17.275     10.877      2.000    159.000       .000

Model
              coeff        se          t          p       LLCI       ULCI
constant      5.289     3.032      1.744       .083      -.701     11.278
Total_Pe       .064      .110       .585       .560      -.153       .281
Total_Em       .387      .086      4.495       .000       .217       .556

Standardized coefficients
              coeff
Total_Pe       .044
Total_Em       .338

************************* TOTAL EFFECT MODEL *************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R       R-sq       MSE          F        df1        df2          p
       .093       .009    19.348      1.384      1.000    160.000       .241
```

```
Model
              coeff        se         t         p       LLCI      ULCI
constant     12.689     2.695     4.708      .000      7.366    18.011
Total_Pe      .135      .115     1.177      .241      -.092      .363

Standardized coefficients
              coeff
Total_Pe      .093

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y **************

Total effect of X on Y
     Effect        se         t         p       LLCI      ULCI      c_ps      c_cs
      .135      .115     1.177      .241      -.092      .363      .031      .093

Direct effect of X on Y
     Effect        se         t         p       LLCI      ULCI     c'_ps     c'_cs
      .064      .110      .585      .560      -.153      .281      .015      .044

Indirect effect(s) of X on Y:
              Effect    BootSE   BootLLCI   BootULCI
Total_Em      .071      .035      .012       .147

Partially standardized indirect effect(s) of X on Y:
              Effect    BootSE   BootLLCI   BootULCI
Total_Em      .016      .008      .003       .032

Completely standardized indirect effect(s) of X on Y:
              Effect    BootSE   BootLLCI   BootULCI
Total_Em      .049      .023      .009       .097


*********************** ANALYSIS NOTES AND ERRORS ***********************

Level of confidence for all confidence intervals in output:
  95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
  5000

WARNING: Variables names longer than eight characters can produce incorrect output
when some variables in the data file have the same first eight characters. Shorter
variable names are recommended. By using this output, you are accepting all risk
and consequences of interpreting or reporting results that may be incorrect.

------ END MATRIX -----
```

Appendix O

Mediation Analysis – Avoidant-Oriented Coping

```
Run MATRIX procedure:

**************** PROCESS Procedure for SPSS Version 3.5.3 ****************

          Written by Andrew F. Hayes, Ph.D.       www.afhayes.com
     Documentation available in Hayes (2018). www.guilford.com/p/hayes3

**************************************************************************
Model  : 4
    Y  : Total_SW
    X  : Total_Pe
    M  : Total_Av

Sample
Size:  162

**************************************************************************
OUTCOME VARIABLE:
 Total_Av

Model Summary
          R       R-sq        MSE          F        df1        df2          p
       .106       .011     14.191      1.821      1.000    160.000       .179

Model
            coeff         se          t          p       LLCI       ULCI
constant   21.436      2.308      9.287       .000     16.877     25.994
Total_Pe     .133       .099      1.349       .179      -.062       .328

Standardized coefficients


            coeff
Total_Pe     .106


**************************************************************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R       R-sq        MSE          F        df1        df2          p
       .140       .020     19.251      1.600      2.000    159.000       .205

Model
            coeff         se          t          p       LLCI       ULCI
constant   15.343      3.335      4.600       .000      8.756     21.930
Total_Pe     .152       .116      1.315       .190      -.076       .380
Total_Av    -.124       .092     -1.345       .181      -.306       .058

Standardized coefficients
            coeff
Total_Pe     .104
Total_Av    -.106


************************** TOTAL EFFECT MODEL **************************
OUTCOME VARIABLE:
 Total_SW

Model Summary
          R       R-sq        MSE          F        df1        df2          p
       .093       .009     19.348      1.384      1.000    160.000       .241
```

```
Model
            coeff        se         t         p       LLCI      ULCI
constant   12.689     2.695     4.708      .000     7.366    18.011
Total_Pe     .135      .115     1.177      .241     -.092      .363

Standardized coefficients
            coeff
Total_Pe     .093

*************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y **************

Total effect of X on Y
     Effect        se         t         p       LLCI      ULCI      c_ps      c_cs
       .135      .115     1.177      .241     -.092      .363      .031      .093

Direct effect of X on Y
     Effect        se         t         p       LLCI      ULCI     c'_ps     c'_cs
       .152      .116     1.315      .190     -.076      .380      .035      .104

Indirect effect(s) of X on Y:
            Effect    BootSE   BootLLCI   BootULCI
Total_Av     -.016      .019     -.058       .019

Partially standardized indirect effect(s) of X on Y:
            Effect    BootSE   BootLLCI   BootULCI
Total_Av     -.004      .004     -.013       .004

Completely standardized indirect effect(s) of X on Y:
            Effect    BootSE   BootLLCI   BootULCI
Total_Av     -.011      .013     -.041       .012



************************* ANALYSIS NOTES AND ERRORS *************************

Level of confidence for all confidence intervals in output:
  95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
  5000

WARNING: Variables names longer than eight characters can produce incorrect output
when some variables in the data file have the same first eight characters. Shorter
variable names are recommended. By using this output, you are accepting all risk
and consequences of interpreting or reporting results that may be incorrect.

------ END MATRIX -----
```

Appendix P

Questionnaire

Wholly owned by UTAR Education Foundation
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Default Question Block

The Perceived Threat of COVID-19, Resilience, Coping Strategies as predictors of Subjective Well-Being among Emerging Adults in Malaysia

Introduction

This research is being conducted to examine on the Perceived Threat of COVID-19, Resilience, Coping Strategies as predictors of Subjective Well-Being among Emerging Adults in Malaysia. Your participation in this survey is highly appreciated.

Procedures

The questionnaire consists of five sections, which are Section A, Section B, Section C, Section D, and Section E. You are required to complete **ALL the sections**. This survey will take approximately 10 to 15 minutes to complete.

Potential Risks and Benefits

There are no foreseeable physical or non-physical risks from your participation in this study. There are no direct benefits from taking part in this research. However, your participation will help us get more information and learn more about the relationship between the selected key variables of the study.

Participation

Participation in this study is completely voluntary. If you decide not to participate

---

there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time.

Confidentiality

Your responses are completely anonymous and all information will be kept confidential. The information given will only be used for academic purposes.

Contact Information

If you have any questions concerning the research, kindly contact us via email:
1. Low Yi Lin   lowyilin@1utar.my
2. Siew Yi Hang   yihang0316@1utar.my
3. Wong Chin Leong   wcl0419@1utar.my

Agreement

I have read and understood the description stated above, and have decided to take part in the study.

Yes, I agree to participate in this study.
No, I disagree to participate in this study.

Personal Data Protection Statement
In accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

Notice:
1. The purpose for which your personal data may be used are inclusive but not limited to:

- For assessment of any application to UTAR
- For processing any benefits and services
- For communication purposes

- For advertorial and news
- For general administration and record purposes
- For enhancing the value of education
- For educational and related purposes consequential to UTAR
- For the purpose of our corporate governance
- For consideration as a guarantor for UTAR staff/ student applying for his/her scholarship/ study loan

2. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

3. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

4. UTAR is committed in ensuring the confidentiality, protection, security, and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

Consent Form for Research Participation and Personal Data Protection
The Perceived Threat of COVID-19, Resilience, Coping Strategies as predictors of Subjective Well-Being among Emerging Adults in Malaysia.

NOTE: This consent form will remain with the UTAR researchers for their records.

I understand I have been asked to take part in the research project specified above by UTAR students for the purpose of their Final Year Project. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for records.

I understand that:

	Yes	No
I will be asked to complete a questionnaire about The Perceived Threat of COVID-19, Resilience, Coping Strategies as predictors of Subjective Well-Being among Emerging Adults in Malaysia.	○	○
My participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage on the project without being penalised or disadvantaged in any way.	○	○
I may ask at any time for my data to be withdrawn from the project.	○	○
No information I have provided that could lead to the identification of any other individual will be disclosed in any reports on the project, or to any other party.	○	○

	Yes	No
I will remain anonymous at all times in any reports or publications from the project.	○	○
It is my sole responsibility to look after my own safety for the above project. In the event of any misfortune or accidental injury involving me, whether or not due solely to personal negligence or otherwise, I hereby declare that UTAR shall not be held responsible.	○	○

By submitting this form I hereby authorise and consent to UTAR processing (including disclosing) my personal data and any updates of my information, for the purposes and/or for any other purposes related to the purpose.

I acknowledge that if I do not consent or subsequently withdraw my consent to the processing and disclosure of my personal data, UTAR will not be able to fulfill their obligations or to contact me or to assist me in respect of the purposes and/or for any other purposes related to the purpose.

Acknowledgment of Personal Data Protection Notice

I have been notified by you and that I hereby understood, consented and agreed per

I disagree, my personal date will not be processed.

Section A: Demographic Information

Section A: Demographic Information

What is your age?

[   ]

Sex:
Male
Female

Race:
Malay
Chinese
Indian
Other

[   ]

Nationality:

Malaysian

Other

_____

What is your current employment status?

Employed

Unemployed

Student

Other

_____

What is your highest level of education?

Primary School

High School

College

Vocational Training

Undergraduate

Master

Doctorate/PHD

Other

_____

Section B: Perceived Threat of COVID-19 Scale

These questions will ask about your perception towards COVID-19.

	Strongly Disagree 1	Disagree 2	Somewhat disagree 3	Neutral 4	Somewhat agree 5	Agre 6
I believed that COVID-19 is severe.	○	○	○	○	○	○
I believed that COVID-19 is serious.	○	○	○	○	○	○
I believed that I was at risk for getting COVID-19.	○	○	○	○	○	○
I believed that it was possible that I would contract COVID-19.	○	○	○	○	○	○

Section C: Connor-Davidson Scale (CD-RISC-10)

Section C: Connor-Davidson Scale (CD-RISC-10)

These questions will measure the level of individual's resilience.

	Not True at All 0	Rarely True 1	Sometimes True 2	Often True 3	True Nearly All Time 4
Able to adapt to change.	○	○	○	○	○
Can deal with whatever comes.	○	○	○	○	○
Tries to see humorous side of problems.	○	○	○	○	○
Coping with stress can strengthen me.	○	○	○	○	○
Tend to bounce back after illness of hardship.	○	○	○	○	○
Can achieve goals despite obstacles.	○	○	○	○	○
Can stay focused under pressure.	○	○	○	○	○
Not easily discouraged by failure.	○	○	○	○	○
Think of self as strong person.	○	○	○	○	○

	Not True at All 0	Rarely True 1	Sometimes True 2	Often True 3	True Nearly All Time 4
Can handle unpleasant feeling.	○	○	○	○	○

Section D: Coping Inventory for Stressful Situations Short Form (CISS-SF)

Section D: Coping Inventory for Stressful Situations Short Form (CISS-SF)

These following questions will measure the coping strategies individual uses in stressful situations.

	Almost Never 1	Never 2	Neutral 3	Always 4	Almost Always 5
Take some time off and get away from the situation.	○	○	○	○	○
Focus on the problem and see how I can solve it.	○	○	○	○	○
Blame myself for having gotten into this situation	○	○	○	○	○
Treat myself to a favourite food or snack.	○	○	○	○	○
Feel anxious about not being able to cope.	○	○	○	○	○

	Almost Never 1	Never 2	Neutral 3	Always 4	Almost Always 5
Think about how I solved similar problems.	○	○	○	○	○
Visit a friend.	○	○	○	○	○
Determine a course of action and follow it.	○	○	○	○	○
Buy myself something.	○	○	○	○	○
Blame myself for being too emotional about the situation.	○	○	○	○	○
Work to understand the situation.	○	○	○	○	○
Become very upset.	○	○	○	○	○
Take corrective action immediately.	○	○	○	○	○
Blame myself for not knowing what to do.	○	○	○	○	○
Spend time with a special person.	○	○	○	○	○
Think about the event and learn from my mistakes.	○	○	○	○	○

	Almost Never 1	Never 2	Neutral 3	Always 4	Almost Always 5
Wish that I could change what had happened or how I felt.	○	○	○	○	○
Go out for a snack or meal.	○	○	○	○	○
Analyze my problem before reacting.	○	○	○	○	○
Focus on my general inadequacies.	○	○	○	○	○
Phone a friend.	○	○	○	○	○

Section E: World Health Organization Well-Being Index (WHO-5)

Section E: World Health Organization Well-Being Index (WHO-5)

These following questions will examine individual's level of subjective well-being. Please indicate 5 statements which is closest to how you have been feeling over **the past 2 weeks.**

	All of the time 5	Most of The Time 4	More Than Half The Time 3	Less Than Half The Time 2	Some of The Time 1	None of The Time 0
I have felt cheerful and in good spirits.	○	○	○	○	○	○

	All of the time 5	Most of The Time 4	More Than Half The Time 3	Less Than Half The Time 2	Some of The Time 1	None of The Time 0
I have felt calm and relaxed.	○	○	○	○	○	○
I have felt active and vigorous.	○	○	○	○	○	○
I woke up feeling fresh and rested.	○	○	○	○	○	○
My daily life has been filled with things that interest me.	○	○	○	○	○	○

Hotlines

If you find yourself struggling with mental health issues, you may contact the hotlines below to seek for help and emotional support:

Mental Health Services	Hotline Numbers	Address
Befrienders Malacca	(06) 284 2500	No. 364K, Jalan Low Hee Kong, City, 75050 Ujong Pasir, Malacca.
Befrienders Penang	(04) 281 5161 (04) 281 1108	Mewah Court, Blok 104-1A, Jalan Tan Sri The Ewe Lim, Jelutong 11600, Pulau Pinang.
Befrienders Kuala Lumpur	(03) 7956 8144 (03) 7956 8145	No. 95, Jalan Templer, Petaling Jaya 46000, Selangor Darul Ehsan.
Befrienders Ipoh	(05) 5477933 (05) 5477955	No. 8, Jalan Sybil Karthigasu, Fair Park, Perak, 31400 Ipoh.

Lifeline Association of Malaysia	011-3157 1495 016-720 1495 (CMCO Period) (03) 4265 7995 (Non-CMCO Period)	No. 1-3, 3rd Floor, Jalan Jelatek 1, Pusat Perniagaan Jelatek, Setiawangsa, 54200, Kuala Lumpur

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Appendix Q

Turnitin Report

FYP2

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1 Mario R. Paredes, Vanessa Apaolaza, Cristóbal Fernandez-Robin, Patrick Hartmann, Diego Yañez-Martinez. "The impact of the COVID-19 pandemic on subjective mental well-being: The interplay of perceived threat, future anxiety and resilience", Personality and Individual Differences, 2021
Publication
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2 www.tandfonline.com
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3 Fakhar Shahzad, Jianguo Du, Imran Khan, Adnan Fateh, Muhammad Shahbaz, Adnan Abbas, Muhammad Umair Wattoo. "Perceived Threat of COVID-19 Contagion and Frontline Paramedics' Agonistic Behaviour: Employing a Stressor–Strain–Outcome Perspective", International Journal of Environmental Research and Public Health, 2020
Publication
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4 etda.libraries.psu.edu
Internet Source
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5	Huiyang Dai, Stephen X. Zhang, Kim Hoe Looi, Rui Su, Jizhen Li. "Health Condition and Test Availability as Predictors of Adults' Mental Health during the COVID-19 Pandemic", Cold Spring Harbor Laboratory, 2020 Publication	1%
6	mafiadoc.com Internet Source	1%
7	psikguncel.org Internet Source	1%
8	Dariusz Krok, Beata Zarzycka. "Risk Perception of COVID-19, Meaning-Based Resources and Psychological Well-Being amongst Healthcare Personnel: The Mediating Role of Coping", Journal of Clinical Medicine, 2020 Publication	1%
9	Tsuyoshi Okamura, Kae Ito, Suimei Morikawa, Shuichi Awata. "Suicidal behavior among homeless people in Japan", Social Psychiatry and Psychiatric Epidemiology, 2013 Publication	<1%
10	www.researchsquare.com Internet Source	<1%
11	bmcmededuc.biomedcentral.com Internet Source	<1%

12 cap.research.utar.edu.my
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14 Kristopher J. Preacher, Ken Kelley. "Effect size
    measures for mediation models: Quantitative
    strategies for communicating indirect effects.",   <1%
    Psychological Methods, 2011
    Publication

15 Lisa Garbe, Richard Rau, Theo Toppe.
    "Influence of perceived threat of Covid-19 and
    HEXACO personality traits on toilet paper   <1%
    stockpiling", PLOS ONE, 2020
    Publication

16 Submitted to Curtin University of Technology
    Student Paper   <1%

17 Sam Liu, Alexander Lithopoulos, Chun-Qing
    Zhang, Mauricio A. Garcia-Barrera, Ryan E.
    Rhodes. "Personality and perceived stress
    during COVID-19 pandemic: Testing the   <1%
    mediating role of perceived threat and efficacy",
    Personality and Individual Differences, 2021
    Publication

18 www.termedia.pl
    Internet Source   <1%

19	Young-An Ra, Jerry Trusty. "Coping Strategies for Managing Acculturative Stress Among Asian International Students", International Journal for the Advancement of Counselling, 2015 Publication	<1%
20	Submitted to Argosy University Student Paper	<1%
21	J. Doron, G. Martinent. "Appraisal, coping, emotion, and performance during elite fencing matches: a random coefficient regression model approach", Scandinavian Journal of Medicine & Science in Sports, 2017 Publication	<1%
22	Submitted to St. Mary's College Twickenham Student Paper	<1%
23	Submitted to University of Northampton Student Paper	<1%
24	Kate Obst, Melissa Oxlad, Clemence Due, Philippa Middleton. "Factors contributing to men's grief following pregnancy loss and neonatal death: further development of an emerging model in an Australian sample", Research Square, 2020 Publication	<1%
25	Submitted to University of Nottingham Student Paper	<1%

26 Submitted to Brickfields Asia College
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27 Felix Septianto, Tung Moi Chiew. "Perceived Threat of COVID-19 Influences Product Preferences: The Moderating Role of Consumers' Mindset", Australasian Marketing Journal, 2021
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28 Yulan Lin, Zhijian Hu, Haridah Alias, Li Ping Wong. "Knowledge, Attitudes, Impact, and Anxiety Regarding COVID-19 Infection Among the Public in China", Frontiers in Public Health, 2020
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32 Emma C. Potter, Doyle P. Tate, Charlotte J. Patterson. "Perceived threat of COVID-19 among sexual minority and heterosexual women.", Psychology of Sexual Orientation and
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Gender Diversity, 2020
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33 Jacqueline M. Frei, Vladimir Sazhin, Melissa Fick, Keong Yap. "Emotion-Oriented Coping Style Predicts Self-Harm in Response to Acute Psychiatric Hospitalization", Crisis, 2020
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35 Lele Chen, Yuxin Xia, Dingding Wang, Renlai Zhou. "The impact of quarantine duration on psychological outcomes and vaccination intention during the second outbreak of COVID-19 in China", Research Square, 2021
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38 Chang Cheng, Daifeng Dong, Jiayue He, Xue Zhong, Shuqiao Yao. "Psychometric properties of the 10-item Connor–Davidson Resilience Scale (CD-RISC-10) in Chinese undergraduates and depressive patients", Journal of Affective Disorders, 2020
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39 Christine J. Guico-Pabia, Rana S. Fayyad, Claudio N. Soares. "Assessing the relationship between functional impairment/recovery and depression severity", International Clinical Psychopharmacology, 2012
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40 Merike Sisask, Airi Värnik, Kairi Kõlves, Kenn Konstabel, Danuta Wasserman. "Subjective psychological well-being (WHO-5) in assessment of the severity of suicide attempt", Nordic Journal of Psychiatry, 2009
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41 Renato Pisanti, Caterina Lombardo, Aleksandra Luszczynska, Luca Poli et al. "Appraisal of transplant-related stressors, coping strategies, and psychosocial adjustment following kidney transplantation", Stress and Health, 2017
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Teaching Job?", Psychology & Health, 2003
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55   Yeonhoon Jang, Myoungsoon You, Su young
Lee, Wang jun Lee. "Factors Associated with
Hospital Workers' Intention to Work in South
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Ingoglia, Francesca Liga. "Associations
Between Peer Pressure and Adolescents' Binge
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Coping", The Journal of Genetic Psychology, 2019
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63 David A. Kenny, Josephine D. Korchmaros, Niall Bolger. "Lower level mediation in multilevel models.", Psychological Methods, 2003
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64 Luxi Wang, Dexin Li, Shixu Pan, Jinhe Zhai, Wei Xia, Caihong Sun, Mingyang Zou. "The relationship between 2019-nCoV and psychological distress among parents of children with autism spectrum disorder", Globalization and Health, 2021
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FACULTY OF ARTS AND SOCIAL SCIENCE
DEPARTMENT OF PSYCHOLOGY AND COUNSELLING

UAPZ 3023 Final Year Project II

<u>Quantitative Research Project Evaluation Form</u>

<u>**TURNITIN:**</u> *'In assessing this work you are agreeing that it has been submitted to the University-recognised originality checking service which is Turnitin. The report generated by Turnitin is used as evidence to show that the students' final report contains the similarity level below 20%.'*

Project Title:	
Perceived Threat of COVID-19, Resilience and Coping Strategies as Predictors of Subjective Well-Being Among Emerging Adults in Malaysia.	
Supervisor:	
Ms T'ng Soo Ting	
Student's Name:	Student's ID
1. Low Yi Lin	1. 17AAB03183
2. Siew Yi Hang	2. 18AAB01773
3. Wong Chin Leong	3. 17AAB01624

INSTRUCTIONS:
Please score each descriptor based on the scale provided below:

1. Please award 0 mark for no attempt.

2. For criteria **7**:
   Please retrieve the marks from "**Oral Presentation Evaluation Form**".

1. ABSTRACT (5%)	Max Score	Score
a. State the main hypotheses/research objectives.	5%	
b. Describe the methodology: • Research design • Sampling method • Sample size • Location of study • Instruments/apparatus/outcome measures • Data gathering procedures	5%	
c. Describe the characteristics of participants.	5%	
d. Highlight the outcomes of the study.	5%	
e. Conclusions, implications, and applications.	5%	
Sum	25%	/25%
Subtotal (Sum/5)	5%	/5%

Remark:

2. METHODOLOGY (25%)	Max Score	Score
a. Research design/framework: • For experiment, report experimental manipulation, participant flow, treatment fidelity, baseline data, adverse events and side effects, assignment method and implementation, masking. (*if applicable with the study design) • For non-experiment, describe the design of the study and data used.	5%	
b. Sampling procedures: • Justification of sampling method/technique used. • Description of location of study. • Procedures of ethical clearance approval. (Provide reference number of approval letter)	5%	
c. Sample size, power, and precision: • Justification of sample size. • Achieved actual sample size and response rate. • Power analysis or other methods (if applicable).	5%	
d. Clear explanation of data collection procedures: • Inclusion and exclusion criteria • Procedures of obtaining consent • Description of data collection procedures • Provide dates/duration of recruitment repeated measures or follow-up. • Agreement and payment (if any)	5%	
e. Explanation of instruments/questionnaire used: • Description of instruments	5%	

	Max Score	Score
• Scoring system • Meaning of scores • Reliability and validity		
Subtotal	25%	/25%
Remark:		

3. RESULTS (20%)	**Max Score**	**Score**
a. Descriptive statistics: • Demographic characteristics • Topic-specific characteristics	5%	
b. Data diagnostic and missing data: • Frequency and percentages of missing data. (if applicable) • Methods employed for addressing missing data. (if applicable) • Criteria for post data-collection exclusion of participants. • Criteria for imputation of missing data. • Defining and processing of statistical outliers. • Analyses of data distributions. • Data transformation (if applicable).	5%	
c. Appropriate data analysis for each hypothesis or research objective.	5%	
d. Accurate interpretation of statistical analyses: • Accurate report and interpretation of confidence intervals or statistical significance. • Report of p values and minimally sufficient sets of statistics (e.g., dfs, MS, $MS error$). • Accurate report and interpretation of effect sizes. • Report any problems with statistical assumptions.	5%	
Subtotal	20%	/20%
Remark:		

4. DISCUSSION AND CONCLUSION (20%)	**Max Score**	**Score**
a. Constructive discussion of findings: • Provide statement of support or nonsupport for all hypotheses. • Analyze similar and/or dissimilar results. • Rational justifications for statistical results.	8%	

	Max Score	Score		
b. Implication of the study: • Theoretical implication for future research. • Practical implication for programs and policies.	4%			
c. Relevant limitations of the study.	4%			
d. Recommendations for future research.	4%			
Subtotal	20%	/20%		

Remark:

5. LANGUAGE AND ORGANIZATION (5%)	**Max Score**	**Score**
a. Language proficiency	3%	
b. Content organization	1%	
c. Complete documentation (e.g., action plan, originality report)	1%	
Subtotal	5%	/5%

Remark:

6. APA STYLE AND REFERENCING (5%)	**Max Score**	**Score**
a. 7th Edition APA Style	5%	/5%

Remark:

***ORAL PRESENTATION (20%)**	**Score**		
	Student 1	Student 2	Student 3
Subtotal	/20%	/20%	/20%

Remark:

PENALTY	**Max Score**	**Score**	
Maximum of 10 marks for LATE SUBMISSION (within 24hours), or POOR CONSULTATION ATTENDANCE with supervisor. *Late submission after 24hours will not be graded	10%		
	Student 1	Student 2	Student 3
**FINAL MARK/TOTAL	/100%	/100%	/100%

***Overall Comments:

_____

_____

_____

_____

_____

Signature: _____   **Date:** _____

<u>**Notes:**</u>
1. **Subtotal**:   The sum of scores for each assessment criterion
2. **FINAL MARK/TOTAL**:   The summation of all subtotal score
3. Plagiarism is **NOT ACCEPTABLE**. Parameters of originality required and limits approved by UTAR are as follows:
     (i)   **Overall similarity index is 20% or below**, and
     (ii) **Matching of individual sources listed must be less than 3%** each, and
     (iii) Matching texts in continuous block must **not exceed 8 words**
     Note: Parameters (i) – (ii) shall exclude quotes, references and text matches which are less than 8 words.
     Any works violate the above originality requirements will NOT be accepted. Students have to redo the report and meet the requirements in **SEVEN (7)** days.

*The marks of "Oral Presentation" are to be retrieved from **"Oral Presentation Evaluation Form".**
**It is compulsory for the supervisor/examiner to give the overall comments for the research projects with A- and above or F grading.

Action Plan of UAPZ 3023 (group-based)Final Year Project II for Jan & May trimester

Supervisee's Name: Low Yi Lin, Siew Yi Hang, Wong Chin Leong

Supervisor's Name: Ms Grace T'ng Soo Ting

Task Description	Duration	Date/Time	Supervisee's Signature	Supervisor's Signature	Supervisor's Remarks	Next Appointment Date/Time
Methodology, Data Collection & Data Analysis	W1-W2	23.1.2021/ 3.00 pm				1.2.2021/ 3.00pm
Finding & Analysis	W3-W6	1.2.2021/ 3.00pm 3.2.2021/ 3.00pm 18.2.2021/ 3.00pm				3.2.2021/ 3.00pm 18.2.2021/ 3.00pm 15.3.2021/ 3.00pm
Discuss Findings & Analysis with Supervisor						
Amending Findings & Analysis						
Discussion & Conclusion	W7-W9	15.3.2021/ 3.00pm 20.3.2021/ 3.00pm				20.3.2021/ 3.00pm
Discuss Discussion & Conclusion with Supervisor						
Amending Discussion & Conclusion						
Submission of first draft*	Monday of Week 10	submit the first draft to Turnitin.com to check similarity rate				
Amendment	W10					
Submission of final FYP (FYP I + FYP II)*	Monday of W11	final submission to supervisor				
Oral Presentation		Oral Presentation Schedule will be released and your supervisor will inform you				

Notes:
1. The listed duration is for reference only, supervisors can adjust the period according to the topics and content of the projects.
2. *Deadline for submission can not be changed, one mark will be deducted per day for late submission.
3. Supervisees are to take the active role to make appointments with their supervisors.
4. Both supervisors and supervisees should keep a copy of this record.
5. This record is to be submitted together with the submission of the FYP II.

FACULTY OF ARTS AND SOCIAL SCIENCE
UNIVERSITI TUNKU ABDUL RAHMAN

Date: 29th March 2021

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that   LOW YI LIN   (ID No: 17AAB03183)
has completed this final year project entitled "Perceived Threat of COVID-19,
Resilience and Coping Strategies as Predictors of Subjective Well-Being Among
Emerging Adults in Malaysia" under the supervision of Ms T'ng Soo Ting
(Supervisor) from the Department of Psychology and Counselling, Faculty of Art and
Social Science.

I understand that University will upload softcopy of my final year project in pdf format
into UTAR Institutional Repository, which may be made accessible to UTAR
community and public.

Yours truly,

‾‾‾‾‾‾‾‾‾‾‾‾‾‾

Name: Low Yi Lin

FACULTY OF ARTS AND SOCIAL SCIENCE
UNIVERSITI TUNKU ABDUL RAHMAN

Date: 29th March 2021

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that   SIEW YI HANG   (ID No: 18AAB01773)
has completed this final year project entitled "Perceived Threat of COVID-19,
Resilience and Coping Strategies as Predictors of Subjective Well-Being Among
Emerging Adults in Malaysia" under the supervision of Ms T'ng Soo Ting
(Supervisor) from the Department of Psychology and Counselling, Faculty of Art and
Social Science.

I understand that University will upload softcopy of my final year project in pdf format
into UTAR Institutional Repository, which may be made accessible to UTAR
community and public.

Yours truly,

_____
Name: Siew Yi Hang

FACULTY OF ARTS AND SOCIAL SCIENCE
UNIVERSITI TUNKU ABDUL RAHMAN

Date: 29ᵗʰ March 2021

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that   WONG CHIN LEONG   (ID No: 17AAB01624)
has completed this final year project entitled "Perceived Threat of COVID-19,
Resilience and Coping Strategies as Predictors of Subjective Well-Being Among
Emerging Adults in Malaysia" under the supervision of Ms T'ng Soo Ting
(Supervisor) from the Department of Psychology and Counselling, Faculty of Art and
Social Science.

I understand that University will upload softcopy of my final year project in pdf format
into UTAR Institutional Repository, which may be made accessible to UTAR
community and public.

Yours truly,

_____
Name: Wong Chin Leong

Universiti Tunku Abdul Rahman			
Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2013	Page No.: 1of 1

FACULTY OF ART AND SOCIAL SCIENCE

Full Name(s) of Candidate(s)	i. Low Yi Lin ii. Siew Yi Hang iii. Wong Chin Leong
ID Number(s)	i. 17AAB03183 ii. 18AAB01773 iii. 17AAB01624
Programme / Course	BACHELOR OF SOCIAL SCIENCE (HONS) PSYCHOLOGY
Title of Final Year Project	Perceived Threat of COVID-19, Resilience and Coping Strategies as Predictors of Subjective Well-Being Among Emerging Adults in Malaysia

Similarity	**Supervisor's Comments** **(Compulsory if parameters of originality exceeds the limits approved by UTAR)**
Overall similarity index:_____% **Similarity by source** Internet Sources:_____% Publications:_____% Student Papers:_____%	
Number of individual sources listed of more than 3% similarity: _____	

Parameters of originality required and limits approved by UTAR are as follows:
  (i)   Overall similarity index is 20% and below, and
  (ii) Matching of individual sources listed must be less than 3% each, and
  (iii) Matching texts in continuous block must not exceed 8 words
Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.

Note Supervisor/Candidate(s) is/are required to provide softcopy of full set of the originality report to
      Faculty/Institute

Based on the above results, I hereby declare that I am satisfied with the originality of the Final Year Project Report submitted by my student(s) as named above.

_____   _____
Signature of Supervisor   Signature of Co-Supervisor

Name:_____   Name: _____

Date:_____   Date: _____