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The Meaning and Strategies of Patience among Professionals in the Autism Service Center of Riau Province

Ahmad Hidayat[1], Lisfarika Napitupulu[1], Sigit Nugroho[1] ,Wina Diana Sari[2]

[1]Faculty of Psychology, Universitas Islam Riau, Pekanbaru, Riau, Indonesia

[2]Institute for Advanced Studies (IAS), Universiti Malaya, Kuala Lumpur, Malaysia

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Corresponding Author:

ahmadhidayat@psy.uir.ac.id

ABSTRACT

Patience is an essential competency for professionals working with children with autism. This study aimed to explore the meaning and strategies of patience among professionals at the Autism Service Center of Riau Province, Indonesia. A qualitative phenomenological design was employed, involving four purposively selected participants representing integrated therapy, transition class, and health services. Data were collected through semi-structured interviews and analyzed using thematic analysis. The findings revealed that patience was understood as a hierarchical psychological construct consisting of five interconnected themes: self-control, resilience, endurance, tawakal (trustful surrender to God), and self-acceptance. The findings further indicated a developmental trajectory from emotional regulation toward existential acceptance, with self-acceptance representing the highest level of patience. Patience strategies varied according to service-unit demands. Integrated therapy emphasized understanding children's specific disorders and gratitude; transition-class services applied deep-breathing relaxation and self-affirmation; while health services relied on continuous updates in knowledge about autism. Several transversal strategies were identified across units, including daily emotional management, acceptance of limitations, and ongoing self-reflection. Due to the limited, exploratory sample, these findings cannot yet be generalized to all autism service professionals in Indonesia. Theoretically, this study enriches the psychological framework of patience by integrating cultural-religious dimensions such as tawakal and by indicating that emotional suppression may function adaptively within autism-service contexts. In practice, the findings suggest the importance of context-specific patience training programs for autism service professionals.

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■ INTRODUCTION

Problems in autistic children are often caused by developmental disorders that occur during pregnancy. Although they are born with disabilities and challenges, autistic children still deserve love, full acceptance, and sincere appreciation. They require patience from professionals who address their special needs. Scientifically, autism falls under the category of Pervasive Developmental Disorders (PDD). This disorder is characterized by distortions in the development of basic psychological functions, such as social skills, language, attention, perception, reality assessment, and motor function. (APA, 2000).

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects a child's language development, communication skills, socialization, and behavior. ASD, also known as autism, is a condition that affects approximately 1% of the population across all age groups (Giulio, 2019). The term "autism" comes from the Greek word "autos," meaning "self," and describes children who appear to live in their own world, avoiding social contact, eye contact, touch, or empathy, and preferring to be alone (Kanner, 1943). Children with autism often have difficulty controlling their emotions and can be aggressive or passive. Services for children with special needs are diverse and encompass a range of interventions (Tan & Mohamad, 2019).

International studies have shown that professionals working with autistic children often experience high emotional demands, prolonged stress exposure, and emotional

exhaustion due to repetitive behavioral management and communication difficulties (Hastings & Brown, 2002; Robertson et al., 2019). Professionals in autism services are required not only to possess technical competencies but also emotional regulation abilities and interpersonal patience to maintain effective therapeutic relationships with autistic children and their families. Research by Schwarze et al. (2021) further demonstrated that emotional resilience and adaptive coping are essential protective factors for professionals working in autism-related services.

The incidence of autism is increasing globally. Data from the CDC (2018) show that the prevalence of autism has increased from 1 in 50 children in 2000 to 1 in 59 children in 2014. In Indonesia, with a population of 237.5 million and a population growth rate of 1.14 percent, there are an estimated four million individuals with autism. The WHO predicts that one in 160 children worldwide suffers from autism spectrum disorder. In Indonesia, the number of individuals with autism spectrum disorder is estimated to increase by around 500 people each year. In the 2020-2021 period, 5,530 cases of developmental disorders in children, including autism spectrum disorder, were reported to have received services at community health centers (Ministry of Health of the Republic of Indonesia, 2022)

In Riau Province, autistic children are treated not only at the Riau Province Autism Service Center (PLA) but also at Special Needs Schools (SLB). According to data from the Ministry of Education, Culture, Research, and Technology, there were 3,525 SLB students in Riau Province in 2022. In Pekanbaru City, the number of SLB students was 1,149 in 2022, 1,040 in 2021, 1,095 in 2020, and 1,123 in 2019. The Riau Province PLA is a service for autistic children supervised by the Riau Provincial Education Office, specifically in the field of Special Education and Special Service Education (PK-PLK). PLA focuses on quality and professionalism in helping autistic children achieve a better future. PLA services involve therapists, special education teachers, medical personnel, psychologists, and other experienced professionals. The PLA provides free services to financially disadvantaged families with autistic children.

The Indonesian government has generally not been firm in implementing Law Number 8 of 2016 concerning the Fulfillment of the Rights of Persons with Disabilities, which aims to realize a higher quality of life for Persons with Disabilities that is fairer, more prosperous, physically and mentally, and dignified (Putri & Hidayat, 2023). Autism spectrum disorders pose challenges, stress, and burdens for caregivers (Napitupulu & Kurniawan, 2023). Caregivers of children with autism experience a decreased quality of life, which impacts their psychological well-being (Zainal et al., 2021).

In addition to parents and caregivers, autism professionals such as therapists, teachers, and healthcare workers are also vulnerable to psychological strain, burnout, and compassion fatigue due to continuous exposure to challenging behaviors and high emotional involvement (Fernet et al., 2020). Patience is positively related to subjective well-being, positive coping, benevolence, and individual progress (Schnitker, 2012). The transformational meaning of patience for therapists is the ability to restrain oneself and regulate emotions when autistic children react negatively (Saepulloh, 2020). Gratitude is essential for transforming patience in dealing with the behavior of autistic children (Partini et al., 2023). Within positive psychology, patience has been conceptualized as an adaptive psychological strength associated with emotional regulation, prosocial behavior, and long-term goal persistence (Schnitker & Emmons, 2007).

Most international studies on autism services have focused primarily on caregiver stress, teacher burnout, resilience, and coping mechanisms (Hastings et al., 2005; Jennett et al., 2003), while the subjective meaning of patience and its operational strategies among professionals in integrated autism service centers have received little scholarly attention. Furthermore, the majority of existing studies were conducted within Western psychological frameworks and rarely explored spiritual-cultural dimensions such as *tawakal*, gratitude, and self-acceptance embedded in Islamic contexts.

Although previous studies in Indonesia have examined parents' patience in the context of inclusive learning and education, research on how professionals define and practice patience in autism service settings remains limited. Existing research often prioritizes the burden of caregiving, resilience, and coping over the subjective meanings of patience and the concrete strategies of professionals. Furthermore, previous studies typically focus on parents or a single professional discipline, and none have conducted a collective exploration within an integrated autism service center in Indonesia to identify the meanings and strategies of patience across multiple roles (behavioral therapists, special education teachers, and health workers). Therefore, this study contributes by analyzing three professions within an integrated service setting

and by using a phenomenological approach to uncover the meanings professionals experience and the practical strategies they employ.

Based on the description above, this study proposes three research questions:

RQ1: How is patience understood by professionals (therapists, special education teachers, and health workers) at the Autism Service Center of Riau Province?

RQ2: What strategies do these professionals use to maintain patience in providing services to autistic children?

RQ3: Are there differences in the theme of patience and patience strategies between professional roles (integrated therapy services, transition classes, and health services)?

By answering these three questions, this study aims to understand the meaning and strategies of patience among professionals who serve autistic children at the PLA of Riau Province.

■ METHOD

Research Design

This study employed a qualitative phenomenological design to identify the core of human experience related to a particular phenomenon (Creswell, 2010). The phenomenological approach was chosen because the researchers aimed to gain a deep understanding of the subjective meaning of patience from the perspective of professionals who work with autistic children.

This research was conducted at the Riau Province Autism Service Center (PLA), located on Jl. Bakti I, Tengkerang Baru, Marpoyan Damai, Pekanbaru, Riau, Indonesia. This location is behind the PL2B Building in Pekanbaru, Riau Province. The PLA is an initiative of the Education Office and is managed by the Riau Province PLA to provide equal educational rights for individuals with special needs.

Participants

The selection of informants in this study was carried out using purposive sampling. The informants consisted of: (a) coordinators and behavioral therapists at the Autism Service Center (PLA), (b) coordinators of special education teachers in the transitional class program at the PLA, and (c) coordinators of health professionals at the PLA.

The justification for selecting coordinators as informants was based on five objective considerations. First, coordinators have a dual perspective (macro and micro) because in addition to their management duties, they are also directly involved in daily services. Second, coordinators handle a broader range of cases than operational therapists do, so their patient care experience is richer and more varied. Third, coordinators have more mature work experience (4–7 years), allowing them to engage in in-depth reflection on the meaning and strategies of patient care. Fourth, coordinators act as supervisors and mentors, so their insights into effective and ineffective strategies are more comprehensive. Fifth, selecting coordinators from three different service units allows researchers to capture a balanced cross-disciplinary perspective. This study involved four key participants: one therapy coordinator, one behavioral therapist, one transition class coordinator, and one health worker coordinator. All participants were actively providing services at the Riau Province PLA at the time of the study.

Data Collection Technique

Researchers used a semi-structured interview guide to collect data from participants. Face-to-face interviews were

Table 1. Research Participants in Integrated Therapy Service

Initials	L/P	Work Experience	Religion	Job Position	Skill	Education
A	L	7 Years	Islam	Coordinator Therapist	Speech Therapy	Undergraduate degree
J	P	5 Years	Islam	Therapist	Behavioral Therapy	Undergraduate degree

Table 2. Research Participants in the Transition & Health Class Program Services

Initials	L/P	Work Experience	Religion	Job Position	Skill	Education
P	P	4 Years	Islam	Coordinator Transition	Teaching Staff	Undergraduate degree
M	P	4 Years	Islam	Health Coordinator	Health Workers	Undergraduate degree

conducted in the first-floor assessment room of the Riau Province PLA on November 7, 2023. The interview guide consisted of three main sections: (1) Demographic Data: Questions were asked about the background of therapists, special education teachers, and health care professionals. (2) Working at PLA Riau Province: Researchers explored participants' experiences regarding patience in relation to services provided to autistic children. (3) Characteristics of Patience: Researchers explored the themes and strategies of patience of the participants to gain a deeper understanding of patience. All interviews were recorded with participants' consent and supplemented with field notes to capture nonverbal cues.

Data Analysis

Researchers used thematic analysis to analyze the data. Thematic analysis was used to identify patterns in interview data. The analysis process was carried out through the following stages: (1) data reduction, which is reading the entire transcript repeatedly; (2) coding, which is breaking the data into units of meaning and providing initial codes; (3) categorization, which is grouping codes that have similarities; and (4) thematic interpretation, which is producing main themes about the meaning and strategies of patience. The data were analyzed reflectively, interpreted, and grouped into themes that describe the phenomenon of patience (Herdiansyah, 2010).

Data Validity

The validity of the data in this study was maintained through four criteria outlined by Lincoln & Guba (1985). First, credibility was established through three mechanisms. (a) Method triangulation: the researcher not only relied on interviews but also conducted initial observations for three days (November 5–7, 2023) and utilized official documents from the Riau Province PLA (2022). (b) Long-term field involvement: during the observations, the researcher directly observed the therapist's interactions with autistic children and the dynamics of the transition class. (c) Member checking: the researcher returned the interview transcripts to each participant in January–February 2024 to ensure the accuracy of the interpretation. Second, transferability is achieved through thick and detailed descriptions of participant characteristics, location settings, and PLA service procedures. Third, dependability is achieved by maintaining the complete audit trail, consisting of audio recordings, verbatim transcripts, field notes, informed consent forms, and photographic documentation of activities. Fourth, confirmability is maintained by ensuring that the findings are truly grounded in the data rather than in the researcher's subjective assumptions, and by conducting a peer debriefing with two fellow researchers who were not directly involved in field data collection.

Research Ethics

Prior to the study, all participants received verbal and written explanations of the study's purpose, procedures, and potential risks and benefits. After receiving this information, each participant was asked to sign an informed consent form to formally confirm their voluntary participation. Researchers ensured data confidentiality by assigning pseudonyms (P1, P2, P3, P4) to replace participant names. All interview recordings, transcripts, and informed consent forms were stored on a password-protected device and were accessible only to the research team. Participants have the right to stop the interview if they feel uncomfortable, withdraw without reason, and refuse to answer certain questions deemed sensitive. As an additional measure of ethical accountability, the final draft of the journal manuscript was submitted to the leadership of the Riau Province PLA on February 26, 2024, prior to publication.

■ RESULTS AND DISCUSSION

This research produced three main groups of findings, which were arranged based on the research questions (RQ1, RQ2, RQ3) that were proposed in the Introduction section.

The Meaning of Patience for PLA Professionals

The meaning of patience for professionals at the Riau Province Autism Service Center is not singular. However, it includes five hierarchical psychological themes: self-control, resilience, fortitude (endurance), *tawakal* (trust), and self-acceptance. Self-control, resilience, and fortitude form the initial foundation for *tawakal* (trust), ultimately culminating in self-acceptance as the highest level of meaning. Thus, patience in the context of autism services is not merely "restraint," but a transformative process from emotional control toward existential acceptance. Based on thematic analysis of interviews with the four participants, five main themes of the meaning of patience were found, namely: (1) self-control, (2) resilience, (3) endurance, (4) *tawakal* (trust), and (5) self-acceptance. These five themes emerged with different frequencies and emphases across service units.

Patience thematic analysis

To show how the meaning of patience relates to professional strategies, the thematic map was built from thematic analysis. First, the five themes are hierarchically linked: self-control, resilience, and fortitude shape *tawakal* (trust), which culminates in self-acceptance, the highest level of patience. Second, while strategies vary by service type, all professionals share transversal approaches: daily emotional management, acceptance of limitations, and ongoing self-reflection.

Self-control

As depicted in the theme map, self-control is a key entry point in understanding patience.

Participant 1 (therapist coordinator) stated:

> *"Autistic children have diverse behaviors; therefore, patience is an important component for therapists. ... A therapist's patience is more related to resilience in facing unpleasant situations." (P1, interview, 07-11-2023)*

Participant 2 (behavioral therapist) reinforced this:

> *"I can't get angry at an autistic child, so the therapist needs to control himself." (P2, interview, 07-11-2023)*

This finding is consistent with Schnitker (2012), who defines interpersonal patience as the ability to remain calm when interacting with others, regardless of the emotions that arise.

Resilience and fortitude

These two themes were found to be reciprocally related. Resilience refers to the ability to bounce back after difficult situations, while endurance refers to the ability to persist through prolonged difficulties.

Participant 1 stated:

> *"Sometimes therapists may feel like running away from challenging situations when dealing with autistic children, but they must be persistent in training them." (P1, interview, 07-11-2023)*

Tawakal (Trustful surrender to Allah SWT)

The theme map positions *Tawakal* as a bridge between resilience and self-acceptance.

Participant 2 stated:

> *"For me, the meaning of patience is accepting and facing a child's challenging behavior sincerely." (P2, interview, 07-11-2023)*

Research by Darmawan & Lukmawati (2016) in Palembang also found that therapists interpreted patience as sincere acceptance. Similarly, Hidayat et al. (2024) explained that the Islamic understanding of perseverance differs from the Western concept of grit. While grit in Western psychology emphasizes persistent effort toward long-term achievement, the Islamic perspective closely relates perseverance to *tawakal*—the balance between maximal effort and surrender to Allah's will. This integration of striving, *tawakal* (trust), and spiritual reliance represents a distinctive feature of patience in Islamic psychology.

Self-acceptance

Self-acceptance was found to be the ultimate goal of the entire process of understanding patience. Participant 3 (transition class coordinator) and Participant 4 (health coordinator) stated:

> *"Patience is accepting the imperfections of the special needs children we serve." (P3, interview, 07-11-2023)*

> *"I was able to accept myself by letting go of the problems I faced." (P4, interview, 07-11-2023)*

This finding is consistent with Islam & Hidayat (2023), who found that patience has a positive and significant influence on self-acceptance. This finding is further reinforced by our earlier phenomenological study on parents with autistic children by Hidayat et al. (2023), which found that self-acceptance represents the highest level of patience among Muslim parents caring for autistic children. In that study, parents of children with severe autism demonstrated that acceptance of their child's condition despite its imperfections was not a sign of giving up but rather an active, voluntary form of patience rooted in spiritual belief.

In line with the findings of Hidayat & Napitupulu (2025) on the Riau Malay community, this study also found that the meaning of patience encompasses five dimensions: positive thinking, perseverance, acceptance of reality, *tawakal* (trust), and self-

control. However, for autism service professionals, these five dimensions are organized hierarchically, with self-acceptance as their pinnacle.

Strategy for Maintaining Patience

Professionals at PLA Riau Province use different patience strategies according to the situational demands of their respective service units, while also utilizing transversal strategies applied across all services.

Strategies in Integrated Therapy Services

Participant 1: emphasized the importance of a deep understanding of the child's disorder as a primary strategy:

> *"To maintain patience, therapists need to be accountable and understand the specific disorders of the special needs children they serve." (P1, interview, 07-11-2023)*

Theoretically, this strategy shifts focus from negative emotions to cognitive aspects. Researchers interpret this as saying that when a therapist understands that a child's aggressive behavior is not intentional but rather a manifestation of a nervous disorder, the emotional response shifts from anger to empathy. This finding aligns with Gökçen et al.'s (2020) finding that the higher a person's cognitive flexibility, the higher their level of patience.

Researchers interpret this gratitude strategy as a form of comparative reframing, in which one compares one's own situation to that of others in more challenging circumstances. Participant 2 consciously engaged in downward social comparison to mitigate the resulting fatigue. This finding is consistent with Partini et al.'s (2023) findings that gratitude is crucial for transforming patience. The critical role of gratitude as a patience strategy is further substantiated by our quantitative study involving 70 parents of children with special needs at the same PLA, Riau Province (Alyya & Hidayat, 2024). That study found that gratitude has a strong positive and significant effect on subjective well-being ($\beta = 0.760$, $p < 0.001$), with higher gratitude predicting higher levels of life satisfaction and positive affect, and lower negative affect. The convergence between the qualitative findings from professionals in the current study and the quantitative evidence from parents (Alyya & Hidayat, 2024) establishes gratitude as a robust, cross-population mechanism for maintaining patience and well-being in autism service contexts. This alignment suggests that gratitude interventions designed for professionals may simultaneously enhance both their patience and their subjective well-being.

Interview with Participant 2

> *"For me, patience means accepting and genuinely dealing with a child's challenging behavior. I can't get angry with an autistic child, so therapists need to control themselves. Sometimes I compare my normal life to families with special needs children, and it's not appropriate to blame them. Autistic children can't express their desires clearly, so therapists may feel confused and angry, but autistic children don't understand that the therapist is angry. I think the strategy for remaining patient is gratitude."(P2, interview, 07-11-2023)*

Gross's (1998, 2015) emotion regulation model identifies five stages of emotion regulation strategies that an individual can apply: (1) situation selection, (2) situation modification, (3) attentional deployment, (4) cognitive change, and (5) response modulation. Based on the quote from Participant 2 above, the researcher identified at least three emotion regulation strategies being implemented simultaneously by this therapist.

First: Cognitive change through downward social comparison

When Participant 2 states *"Sometimes I compare my normal life with families who have children with special needs, and it is not right to blame them,"* they are theoretically employing a cognitive change strategy, specifically reappraisal. Within Gross's (2015) framework, reappraisal involves changing how one thinks about a situation to alter its emotional impact. Participant 2 is not merely "thinking positively" in an abstract sense. They are specifically engaging in downward social comparison, which involves comparing themselves (as someone without an autistic child) to families who have children with special needs. This comparison yields a new evaluation: "It is not right to blame them." In other words, the emerging emotions of anger or frustration are reduced through the realization that the burden experienced by parents of autistic children is far heavier than the burden experienced by the therapist.

Argument with theory: Gross (2015) states that reappraisal is the most adaptive emotion regulation strategy because it effectively lowers negative emotional responses without increasing harmful physiological

responses. Participant 2's findings confirm this: they do not suppress or hide their anger (which could backfire), but instead change the interpretative framework of the situation. However, Gross's model does not explain the moral-spiritual component of this reappraisal. Participant 2 uses moral standards and others' hardships as material for re-evaluation.

Second: Cognitive change through perspective-taking

The statement *"Autistic children cannot express their desires clearly, so a therapist might feel confused and angry, but the autistic child does not understand that the therapist is angry"* indicates that Participant 2 is engaging in perspective-taking toward the autistic child. They consciously enter the mental framework of the autistic child (who does not understand others' anger) to explain the child's behavior.

Theoretically, perspective-taking is a key component of cognitive empathy (Davis, 1983) and is frequently used in reappraisal strategies (Gross, 2015). By understanding that the autistic child is not intentionally resisting or provoking, the therapist can transform the initial interpretation (e.g., "this child is being naughty" or "this child does not respect me") into a more neutral and factual interpretation ("this child does not understand what is happening").

Argument with theory: Previous research by Decety & Jackson (2004) shows that perspective-taking activates brain areas associated with Theory of Mind (ToM), precisely the area where deficits occur in individuals with autism. Interestingly, in this context, Participant 2, who is neurotypical, must actively exercise their Theory of Mind to "guess" what the autistic child cannot express. This represents an additional cognitive load not experienced by professionals in other fields. In other words, patience for an autism therapist is not only emotional but also cognitive; they must continuously perform inferences and interpretations of ambiguous behavior.

Third: Gratitude strategy as a form of positive reappraisal

The statement *"The strategy for remaining patient is gratitude"* constitutes the core of Participant 2's emotion regulation. Within Gross's (2015) framework, gratitude can be categorized as a form of positive reappraisal, which is the ability to find positive, meaningful, or beneficial aspects in an objectively difficult or painful situation. However, what is theoretically interesting is the mechanism of how gratitude works in this context. Participant 2 does not specify exactly what they are grateful for. Is it gratitude for having a "normal" life? Is it gratitude for the opportunity to help autistic children? Or is it gratitude for the children's unique qualities?

The researcher interprets that gratitude in Participant 2's statement functions as both attentional deployment and cognitive change. Gratitude shifts the therapist's focus away from their own frustration (self-focused attention) toward something larger or more meaningful (other-focused or transcendent-focused attention). This aligns with the findings of Emmons & McCullough (2004), which suggest that regular gratitude practice enhances subjective well-being through the mechanism of positive reinterpretation of negative events.

Fourth: Self-control as response modulation

The statement *"I cannot be angry with an autistic child, so a therapist must exercise self-control"* indicates that Participant 2 ultimately arrives at the stage of response modulation.

Table 3. Summary of Theoretical Analysis.

Emotion Regulation Strategies	**Manifestation in Quotes**	**Conformity to Theory (Gross, 1998)**	**Special Notes**
Reappraisal (Cognitive Change) melalui *downward social comparison*	Comparing oneself with families who have children with special needs	Adaptive, recommended	Enriched by Moral-Spiritual values
Reappraisal via *perspective-taking*	"Autistic children do not understand that the therapist is angry."	Adaptive	Requires high cognitive load
Positive Reappraisal (Gratitude)	"The strategy for remaining patient is gratitude."	Adaptive	Potential antecedent to patience
Expressive suppression	"I cannot be angry with an autistic child."	Less adaptive (in Gross's Theory)	Becomes adaptive due to the autism context

This is the final stage in Gross's (1998) model, where an individual consciously suppresses or alters the expression of an emotion that has already emerged. In this case, the participant acknowledges that anger can arise ("a therapist might feel confused and angry") but chooses not to express it because the child would not understand it. Theoretically, this is an expressive suppression strategy that, in research by Gross & Levenson (1997), proved less adaptive because it increases physiological activity (heart rate, blood pressure) and impairs social memory.

Strategy for Transition Class Services

Participant 3 reported conscious use of relaxation breathing techniques:

> *"Patience is endless when dealing with autistic children. Patience is accepting the imperfections of the special needs children we serve. Autistic children tend to wander. During class, if we ask them to sit, they will stand up again shortly, and so on. Autistic children often talk to themselves while we are teaching them. In the transition class, we have to handle four children at once, which can be challenging because their behaviors vary. My strategy for cultivating patience is to take deep breaths and tell myself to stay patient. Patience is a key asset in teaching a transition class." (P3, interview, 07-11-2023)*

Researchers interpret this strategy as a physiological emotion regulation technique performed in situ. Unlike preventative strategies such as understanding the disorder, this breathing technique is responsive and immediate. Within the framework of emotion regulation theory, deep breathing activates the parasympathetic nervous system to suppress the sympathetic nervous system, which is activated during stress.(Groden et al., 2016). The accompanying affirmation "stay patient" is a form of coping self-efficacy (Eddy et al., 2024).

Unlike Participant 2, whose patience strategies are best understood through an emotion regulation lens, Participant 3's experience calls for a different analytical framework, one that addresses the unique demands of managing multiple children simultaneously.

Analysis Based on the Framework of Coping and Hardiness in Special Needs Educators

First: The context of adversity in the transition class

Before analyzing the coping strategies, it is important to understand the specific burden of adversity experienced by Participant 3. Her account reveals at least four unique sources of stress that distinguish the transition class from integrated therapy services:

The combination of these four sources of stress creates a high-density environment of adversity. Unlike integrated therapists who focus on one child at a time, transition class teachers must simultaneously divide their attention and rapidly switch between behavioral contexts. Research by Kuboni & Mawila (2025) on the resilience of novice teachers in South African special needs schools found that a sense of purpose, coping mechanisms, and adaptability are the three primary protective factors enabling teachers to endure. Participant 3 demonstrates all three: a sense of purpose ("patience is a key asset"), coping mechanisms (breathing techniques and affirmations), and adaptability (accepting that the child's behavior will recur).

Second: Deep breathing as physiological emotion regulation

In the book Relaxation: A Comprehensive Manual for Children and Adults with Autism and Other Developmental Disabilities, relaxation protocols are specifically designed for individuals with autism and the professionals who work with them. The book

Table 4. Analysis Based on the Framework of Coping and Hardiness in Special Needs Educators

Source of Stress	Manifestation in Quote	Implications for Coping
Unpredictable Motor Behavior	*"Autistic children tend to wander; if we ask them to sit, they will stand up again in a short time."*	Requires constant repetition of instructions, a source of cumulative exhaustion
Non-interactive Verbal Behavior	*"Autistic children often talk to themselves while we are teaching them."*	Continuous attentional disruption that cannot be easily stopped
Burden of Managing Multiple Children	*"We have to handle four children at once."*	No breaks, high teacher-student ratio
Behavioral Heterogeneity	*"Their behaviors are diverse."*	No single strategy fits all children

emphasizes that deep breathing is a foundational component of teaching relaxation and recommends that educators master this technique before teaching it to students (Groden et al., 2016). A key finding from Groden et al. (2016) relevant to Participant 3's case is that individuals working with autistic populations require relaxation strategies that can be accessed in seconds, rather than long meditation sessions. Deep breathing meets this criterion, as it can be performed during breaks in teaching activities without disrupting the class flow.

Third: Combination of breathing & affirmation as a bundled strategy

The most theoretically interesting aspect of Participant 3's strategy is the simultaneous combination of two modalities: physiological (breathing) and cognitive (affirmation). In stress management literature for special education teachers, this combination is called dual-channel coping. Research by Eddy et al. (2024) In the journal Stress Management Programs for Special Education Teachers, researchers found that the most effective intervention programs integrate physiological awareness with cognitive restructuring. Participant 3 intuitively does this: deep breathing addresses the physiological aspect (lowering sympathetic activation), while the affirmation "stay patient" addresses the cognitive aspect (strengthening coping self-efficacy).

Fourth: Acceptance of imperfection as fundamental coping

The opening statement "*Patience is accepting the imperfections of special needs children*" indicates that Participant 3 has reached the stage of radical acceptance as conceptualized in Dialectical Behavior Therapy (Linehan, 1993). Radical acceptance is the ability to accept reality as it is without fighting it or judging it as "unfair."

Radical difference from the general population: in general coping theory, Lazarus & Folkman (1984), acceptance is often a passive strategy that arises after problem-focused coping efforts fail. However, in the context of autism, research by Groden et al. (2016) shows that acceptance is actually an active strategy: the teacher consciously chooses not to react to certain behaviors knowing that a reaction will not change the behavior. This is a form of strategic disengagement that is highly adaptive in this context, even though in the general population it might be considered "giving up."

Strategy in health services

Participant 4 reported a strategy of continuous knowledge updating:

> *"My strategy before serving autistic children and their families is to always update the latest health knowledge about autism because unexpected questions will be asked." (P4, interview, 07-11-2023)*

This strategy reflects an anticipatory coping orientation, in which the professional prepares cognitive resources before the stressor occurs rather than responding to it in the moment (Lazarus & Folkman, 1984). Unlike Participant

Table 5. Summary of Analysis with International Frameworks

Micro Findings (Participant 3)	International Theoretical Framework	Contribution/Extension
"Taking deep breaths."	Deep breathing as parasympathetic activation (Groden et al., 2016)	In high-density classroom contexts, breathing must be possible during instruction; recommend "stealth relaxation" protocols.
"Telling myself to stay patient."	Self-affirmation as coping self-efficacy (Eddy et al., 2024)	Affirmation is not merely "motivation" but a role activation that distinguishes the professional self from the personal self.
Combination of breathing + affirmation	Dual-channel Coping	Most intervention programs separate these two modalities—highlights the need for single-session dual-modality protocols for high-density adversity contexts.
"Accepting imperfections"	Radical acceptance: Strategic disengagement (Groden et al., 2016)	In the context of autism, acceptance is an active strategy, not a passive one, differing from general coping theories.
Handling 4 children at once with diverse behaviors	High-density adversity environment (Kuboni & Mawila Chauke, 2025)	Resilience in this context requires cross-case adaptability (not just within-case persistence).

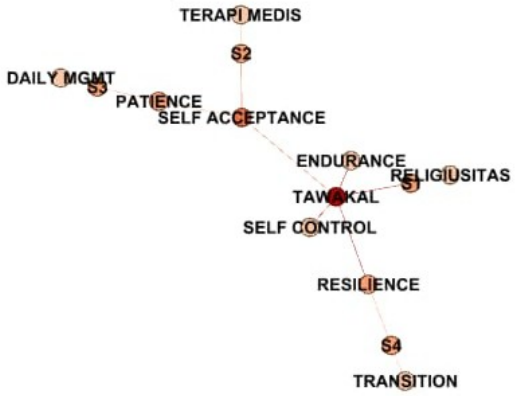


Figure 1. Thematic co-occurrence network of patience meanings and strategies among professionals at the Autism Service Center of Riau Province

2's reactive reappraisal or Participant 3's in-situ breathing, Participant 4's approach is proactive, continuously building a knowledge base that prevents patience from being depleted by unexpected parental demands.

This distinction is meaningful because it reveals that patience in health services is primarily an epistemic challenge rather than an emotional regulation challenge. The main stressor is not a child's aggressive behavior but the threat of being unable to answer a parent's urgent question about their child's condition. By proactively closing knowledge gaps, Participant 4 addresses the root cause of this stressor before it arises, a strategy that is uniquely suited to the parent-facing nature of health service work.

Overall, the findings at PLA Riau Province are relevant to Schnitker's three dimensions. However, Schnitker does not elaborate on the concrete strategies used to achieve these dimensions. This research fills that gap by identifying five operational strategies: understanding specific child disorders, gratitude, relaxation breathing techniques, self-affirmation, and knowledge updates.

To support visual comprehension of how themes relate to one another, we constructed a thematic co-occurrence network using Gephi (Figure 1). This exploratory visualization should not be interpreted as a formal Social Network Analysis; it merely illustrates which themes and strategies frequently co-occurred in participants' accounts.

Thematic co-occurrence network of patience meanings and strategies (visualized using Gephi for exploratory purposes). Nodes represent core themes and coping strategies; edges indicate co-appearance within the same interview segment; node size reflects thematic prominence based on coding frequency. This is not a formal Social Network Analysis (SNA). Unlike SNA, which analyzes relationships among social actors, this visualization maps conceptual co-occurrence among abstract themes. The figure serves solely as a heuristic tool to illustrate theme clustering; no network metrics (e.g., centrality, modularity) were calculated or interpreted.

This study was exploratory in nature with a limited number of participants (n=1 for the transition class and health services units). The strategy patterns presented above are reports from each participant and cannot be generalized to characterize all professions within each service unit at Autism Service Centers across Indonesia. Further studies with larger samples are needed to confirm these findings.

Differences in Patience Across Service Units

Having examined the meaning and strategies of patience within each service unit individually, it is now possible to draw a cross-unit comparison to address RQ3. The findings indicate that meanings and strategies of patience differ systematically across professional roles, because each service unit faces fundamentally different interaction partners, behavioral challenges, and situational demands. These differences are not merely superficial variations in technique but reflect structurally distinct patience orientations, namely preventive, responsive, and

Table 6. Patience strategy pattern based on participant reports per service unit

Service Unit	Participant-Reported Strategies	Identified Psychological Mechanisms
Integrated Therapy	Understanding specific child disorders + Gratitude (*Syukur*)	Cognitive change through downward social comparison and perspective-taking.
Transition Class	Relaxation breathing techniques + Self-affirmation	Physiological emotion regulation (parasympathetic activation) combined with coping self-efficacy.
Healthcare	Updating latest autism knowledge	Anticipatory readiness to handle unexpected questions from parents.

anticipatory.

Specifically, in terms of job context characteristics and reported strategy patterns, the Integrated Therapy unit operates through one-on-one interactions with the child, facing primary challenges of aggression and communication, which leads professionals to define patience as self-control and resilience through a preventive strategy executed pre- or post-session. In contrast, the Transition Class involves a one-on-four interaction ratio with children, presenting the challenge of high-density behavioral management; here, patience is dominantly understood as self-acceptance and is maintained through a responsive, simultaneous strategy. Meanwhile, the Healthcare unit requires professionals to interact directly with parents, dealing primarily with unexpected parental inquiries, which shapes the meaning of patience as a combination of self-control and self-acceptance, managed via an anticipatory, readiness-based approach.

This summary presents characteristics of the work context as reported by each participant. Direct comparisons across service units are not intended to generalize differences across professions, given the unequal number of participants per unit. Readers are advised to interpret these findings as preliminary and to confirm them through a multi-site study with a larger sample size.

Beyond the cross-unit comparison, the findings of this study also invite a broader dialogue with existing theoretical frameworks and previous empirical research on patience in autism service contexts. To position the findings of this research within the existing scientific map, the researcher compares them with Schnitker's (2012) three-dimensional framework of patience and with findings from previous research on the patience of autism therapists (Darmawan & Lukmawati, 2016). This comparison aims to identify the novelty and differences in the findings at the Riau Province Autism Center (PLA) relative to the existing literature.

In evaluating these findings against Schnitker's (2012) framework, the dimension of Interpersonal Patience shows strong consistency, as Participants 1, 2, 3, and 4 all mentioned emotion regulation in their interactions with autistic children and their parents; however, this study adds contextual specificity by showing that interpersonal patience in autism settings requires simultaneous management of the child's behavior and the parent's expectations. For Life Hardship Patience, the findings are also consistent, noting that Participant 1 mentioned "enduring even when wanting to run away" and Participant 2 used gratitude as a reframing tool, yet this research extends the dimension by adding the mechanism of gratitude (syukur) as a bridge toward finding positive meaning. Lastly, within the Daily Hassles Patience dimension, consistency is maintained as Participant 3 used breathing techniques to withstand frustration when children wander and talk to themselves, while this study extends the framework by introducing specific physiological techniques, such as deep breathing, that were not previously elaborated upon by Schnitker.

Moving beyond theoretical frameworks, previous research on the patience of autism therapists in Indonesia, such as the study by Darmawan & Lukmawati (2016) in Palembang, identified themes of accepting conditions, sincere acceptance (husnudzon), self-control, and managing emotions by suppressing the ego, though their identified strategies were not explicitly elaborated. Similarly, the study by Saepulloh (2020) in West Bandung highlighted the ability to exercise self-restraint and regulate emotions when an autistic child reacts negatively, but also left specific strategies unelaborated. In comparison, the present research conducted in Pekanbaru uncovers a broader set of themes, including self-control, resilience, fortitude, tawakal (trustful surrender to Allah), and self-acceptance, while explicitly mapping out identified operational strategies such as specific disorder understanding, gratitude (syukur), breathing techniques, self-affirmation, and knowledge updates.

Consequently, this study extends prior research by explicating concrete, trainable strategies for patience rather than only its meanings. While Darmawan & Lukmawati (2016) and Saepulloh (2020) emphasized the cognitive-philosophical aspects, they did not systematically examine how patience is maintained. This study identifies five operational strategies (e.g., gratitude, relaxation breathing techniques, self-affirmation, knowledge updates). It shows that patience strategies differ across three service roles: integrated therapy, transition class, and healthcare, because they respond to distinct situational demands. It also uniquely documents the physiological dimension (in-situ relaxation breathing) and the knowledge dimension (knowledge updates), especially for healthcare professionals.

Limitations

This study has several limitations: First, the number of participants was not balanced across service units, with each health unit and

transition class represented by only one person (collective exploration), so the research findings are not representative of the profession as a whole. Second, Participants were purposively selected from coordinators, so the experiences of frontline practitioners may be underrepresented. Third, the cross-sectional design cannot establish a causal relationship between reported strategies and patience. (4) The study was conducted in one institution (PLA Riau Province), so the local context may influence the findings and may not necessarily apply to Autism Service Centers outside Riau Province due to different socio-cultural conditions. Therefore, further research is recommended to recruit at least 3–5 participants per service unit and use longitudinal multi-site studies so that the findings are more stable and generalizable.

■ CONCLUSION

This study found that professional patience at the Riau Province Autism Service Center was shaped by five interrelated themes: self-control, resilience, endurance, perseverance integrated with *tawakal* (trust), and self-acceptance, with a developmental trajectory from emotional regulation to existential acceptance, with self-acceptance being the highest level. Exploratory patience strategies varied across service units. Integrated therapy emphasized understanding specific disorders and gratitude; transition classes used breathing exercises with self-affirmations; and health services relied on ongoing updates in knowledge. Some cross-unit strategies included daily emotional management, acceptance of limitations, and ongoing self-reflection. Due to the limited sample size, these findings cannot yet be generalized to compare professionals working at Autism Service Centers across Indonesia. However, these findings can, in theory, enrich the framework of patience and demonstrate that expressive suppression can be adaptive in the context of autism. Practically, institutions are advised to develop context-specific patience training programs. Future research should utilize larger, more balanced samples, develop quantitative scales, and employ experimental/longitudinal designs to test causal relationships and strengthen the contribution of indigenous Indonesian perspectives that integrate cultural-religious values (*tawakal*), which are less evident in Western psychological models.

DECLARATION OF GENERATIVE AI IN SCIENTIFIC WRITING

During the preparation of this manuscript, the authors used ChatGPT to assist with language refinement and grammatical correction. Visualized Using Gephi Software. The authors carefully reviewed and edited all generated content and take full responsibility for the published article.

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