

THE ASSOCIATION BETWEEN ISLAMIC BELIEF AND MENTAL HEALTH STATUS AMONG NURSES IN SULTAN AHMAD SHAH MEDICAL CENTRE (SASMEC)

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Abstract

Introduction: While religion was used to describe a superhuman power that demands people act in a certain way to prevent a disastrous outcome, mental health was a widespread concern that most people accepted. Nurses are one of the fastest-growing professionals needed in most countries, but nurses must carry a workload burden because of the demand and pressure that can affect their mental health. However, Islamic belief can be one of the coping mechanisms for mental health. **Objective:** This study explores the association of Islamic beliefs that will be measured by religious attitude and their impact on mental health. **Methodology:** This study was a cross-sectional study designed to explore the association between Islamic belief and mental health using convenience sampling among 260 nurses at SASMEC. The respondents were personally invited to complete a set of questionnaires containing three parts: sociodemographic data, Islamic beliefs, and mental health status. **Results:** Most of the participants had normal mental health, based on the mean (SD) score of 4.62 (3.40) for stress, 3.36 (3.64) for anxiety, and 2.69 (3.27) for depression. Most nurses had a solid Islamic belief, with a mean (SD) score of 47.9 (5.03). The Pearson correlation test revealed a significant negative correlation between Islamic belief and mental health status ($r = -0.232$, $p < 0.01$). **Conclusion:** When there is a strong religious tradition at work, it may be easier to manage the nurses' mental health. Ultimately, a healthy mental being of the nurses may enhance the standard of nursing care provided to the patients.

Keywords: Islamic belief, mental health, nursing, stress, depression, and anxiety.

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Introduction

Mental health is a common issue that most people acknowledge. The World Health Organization (WHO) defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 2022). On the other hand, cognitive, behavioural, and emotional wellbeing refers to mental health, which concerns about how individuals think (Felman & Tee-Melegrito, 2022).

Islam emphasises on the importance of having good mental health, in addition to physical health. It is an essential aspect of an individual's wellbeing, related to living a healthy and balanced life. Religious scholars also have pointed up the value of safeguarding one's mind to fulfil one's worldly and faith duties (Muhammad Zulkarnain & Azman, 2020). Islam ranks the preservation of mental just after the preservation of life in the objective of Shariah, indicating the importance of maintaining mental health status. However, when someone cannot adapt to life and affect their ability to function, they might have mental health disorders.

Most people have seen religion as irrational, irrelevant, and the creation of attachment and some mental health practitioners in western countries have seen it contribute to emotional dysfunction (Dein, 2010). Although, in the past few years, many people have begun to pay attention to the effect of religion on mental health. Even though the real association is still in debate, people are starting to wonder the impact of religion in coping mechanisms. The growing curiosity and focus of the media on the positive and negative effects on the role of religious in supporting psychological well-being has led to enormous research studies investigating the relationship between religious belief and well-being.

Research Background

The English word religion is derived from the Latin root *religio* (Seyyed Mirzayi et al., 2017). Some scholars said that religion refers to a superhuman force that requires people to act in a sure way to prevent a catastrophic conclusion. By having a power that can control and guide people, thus everything has reasons to happen. In times of psychological disruption, certain people would take faith as a source of peace and a solution to a better future that will shield them from distress (Chime, 2015).

The human body consists of a series of neuro cells and the spirit; it is essential to acknowledge all aspects of human life (Seyyed Mirzayi et al., 2017). When talking about the spirit, the non-physical part of the body represents the emotions that cannot be seen, but we know that something is not right based on someone's character. Thus, that can make religion one of the most important and specific ways that help control human beings' mental health (Seyyed Mirzayi et al., 2017).

Nurses are one of the fastest growing professionals that are needed almost in most countries. However, the nurses need to carry a workload burden because of the demand and pressure from the patient and the people surrounding, death and dying of patients that can lead to anxiety, stress and depression (A. & Tyng, 2016). Furthermore, because of struggling in secrecy for too much, nurses are at greater risk of suicide than the general population. The nurses are four times more likely to suicide than people working in other professions in the United Kingdom (Davies, 2020).

Although it is difficult to eliminate the stress that nurses face daily, it is important for the employer and worker in finding a solution to manage this issue before it becomes worse. In the past, research has shown that high levels of social support for self-efficacy promote healthy behaviours and healthier coping behaviour for employers in high-risk careers like nursing, allowing nurses to cope more efficiently with work-related stress (Jordan et al., 2016a).

Up to now, there is a lack of study focuses on the role of religiosity in guiding toward positive mental health among nurses. In western, they have done research regarding the impact of religion but mostly on the context of their religious beliefs such as a Christian, Buddha or more to spiritual things. In this research, the religious belief used to measure the religiosity of Muslim nurses is Islam. Among the unique characteristics of Islam are the comprehensiveness of the teachings and the emphasis on physical and mental aspects. In terms of physical, there are commands, prohibitions and encouragement to manage bodily aspects well, like taking halal and tayyib food, maintaining cleanliness and so on. From the aspect of mental, Islam commands and encourages Muslim to enhance the level of remembrance to Allah in their daily life by performing prayers, reciting al Quran and reciting zikr. The higher the level of remembering Allah, the better one's mental health should be.

The paper aimed to determine the level of mental health and the Islamic belief that can be one of the coping mechanisms. This study is also significant because it can serve as a basis for further research in identifying the methods and building religious coping with job stress among nurses. It is expected that the result of this study will contribute to improving the Sultan Haji Ahmad Shah Medical Centre (SASMEC) mission to assist in planning policies and generating guidelines that can meet the healthcare needs of society.

Method

Research Design

This study was a quantitative study using a cross-sectional design to explore the association between Islamic belief and mental health among nurses.

Sample and Population

The target population of this study are staff nurses currently working at SASMEC, Kuantan, Pahang. A non-probability convenience sampling method was used to recruit staff nurses from various departments who meet the inclusion criteria. Currently, the total number of staff nurses in SASMEC is estimated at 800. *Raosoft. Inc.* software is used to calculate the sample size. The software will help the researcher calculate the exact sample that should be used in this study. The sample size was calculated using Raosoft Sample Size Calculator with a margin error of 5%, 95% confidence interval and 50% response distribution. The suggested sample size is 260 (Raosoft,2014).

Instruments

The research instrument was then modified based on a past researcher, Achour et al. (2015), to suit the Malaysian context regarding identifying the level of Islamic belief. The validity was tested and scored more than 0.55. The Cronbach's coefficient reliability shows all variables

ranging from 0.70 to 0.93. Next, Depression Anxiety Stress Scale 21 English (DASS) was used to determine respondents' mental status level.

Data Collection

This study is run on the SASMEC, Kuantan. Informed consent was obtained from all participants. To protect the confidentiality and anonymity of the participants, the data was secured and kept in a safe place. They were personally invited to complete a questionnaire that consisted of 3 parts: sociodemographic data, the status of Islamic belief, and mental status.

Part A consists of the participants' sociodemographic, including age, gender, marital status, area of employment, designation and working experience. Part B includes 11 questions regarding the strength of Islamic belief. This questionnaire uses five points on a Likert scale ranging from 1, which indicates strongly disagree, to 5, which indicates "strongly agree". The scores can range between 11 and 55, with higher scores reflecting the stronger status of Islamic belief. Part C of the questionnaire includes questions for three components: stress, depression, and anxiety. The questionnaire consists of 21 items with a rating scale from 0-3. The total score of each component is categorised into normal, mild, moderate, severe and extremely severe based on the DASS21 scoring.

Analysis Procedure

The data was coded and entered in Statistical Package Social Science (SPSS) 20.0 to analyse data. A descriptive statistic was used in this study in which data of the participant regarding their sociodemographic data will be described in terms of frequency (f) and percentage (%). Additionally, the Pearson Correlation test was used to determine the association between Islamic belief and mental health status among nurses in SASMEC.

Result And Discussion

A total of 260 respondents participated and completed this study's questionnaire. Among them, 68 respondents were male, and 192 were female. Then, 158 were in the age of 21-29 group, 98 were in the age of 30-39, 1 respondent from the age of 40-49 and 2 came from the age of more than 50. The respondents are recruited from various wards, including the internal medicine ward (70), paediatric ward (98), surgical ward (33), Internal Care Unit (ICU) (4), orthopaedic ward (23), operation theatre (9), obstetrics and gynaecology ward (8), emergency and trauma (33) and the remaining 39 respondents were from others clinic and ward.

Table 1 shows the mean and standard deviation (SD) of the three components tested in the DASS 21 questionnaire: stress, anxiety and depression. The result indicates that, on average, the respondents have a normal mental health status by referring to the scoring of the DASS 21. Nonetheless, the findings also revealed that among the three components, anxiety has the highest prevalence for extremely severe (5.8%) and severe (6.5) compared to stress and depression.

This study showed that the nurses scored highest for the stress components, followed by anxiety and depression. The findings contradict a study among 932 nurses at teaching hospitals in Malaysia: the prevalence of anxiety, depression, and stress were 39.9%, 18.8%, and 14.4%,

respectively; anxiety was the spotlight in this study (Ghawadra et al., 2019). Staff nurses may experience psychological distress for a variety of reasons, including difficulties they must overcome that force them to engage in unhealthy behaviours due to the demands placed on them for their time, energy, and attention, including a focus on their own needs, the needs of their patients, the needs of their families, and demands from their supervisors and co-workers (Jordan et al., 2016b). In addition, since the study was conducted in 2021, everyone, including the respondents struggling over the COVID-19 pandemic, could be a significant concern contributing to this psychological distress. Nurses are responsible for taking care of the patient, including those with COVID-19, so the existence of stress would be triggered ((Nie et al., 2020; Shahrouh & Dardas, 2020). Indicating clinical concern for posttraumatic stress disorder, about one-fifth of nurses reported experiencing significant levels of COVID-19 pandemic-related stress (di Crosta et al., 2020).

Table 1: The distribution of mental health status among nurses in SASMEC (N=260)

Variables	Mean (SD)	Frequency (%)				
		Normal	Mild	Moderate	Severe	Extremely severe
Depression	2.69 (3.27)	205 (78.8)	15 (5.8)	34 (13.1)	3 (1.2)	3 (1.2)
Stress	4.62 (3.40)	211 (81.2)	29 (11.2)	14 (5.4)	5 (1.9)	1 (0.4)
Anxiety	3.69 (3.34)	148 (56.9)	49 (18.8)	31 (11.9)	17 (6.5)	15 (5.8)

Table 2 shows that most nurses had a solid Islamic belief with a median (IQR) of 48.0 (7.04). Interestingly, no one had a low Islamic belief, and all respondents scored at least 26 on Islamic belief questions.

As a Shariah-compliant hospital, Sultan Ahmad Shah Medical Centre (SASMEC) has a management responsibility that encompasses all aspects of creating and improving a quality system, paying attention to clients, creating quality policies and plans, and defining roles, authorities, and communication procedures to support efficient quality management. As the first teaching hospital that adopt Shariah components, the staff, including nurses, are consistently educated with a solid religious understanding (SASMEC@IIUM, 2022). One of the goals Shariah emphasises at this hospital is preserving religion, which entails sustaining the idea of tawhid, or the unity of God. This idea barred Muslims from acting upon their belief in anyone other than Him (Ismail & Shahadan, 2021); referring to Table 2, not so surprised when most of the respondents achieved a strong Islamic belief. Hospital management with compliance will have an expert panel to monitor and advise them (Zulkifly, 2014). Before joining SASMEC, every nurse must be able to answer a series of questions related to religion during the job interview. Nurses with a good foundation and religious background were more likely to be employed. Hence, this staff selection process can contribute to a nurse with strong Islamic beliefs at SASMEC.

Table 2: The distribution of Islamic belief status among nurses in SASMEC (N=260)

Status of Islamic belief	Frequency (n)	Percentage (%)	Mean (SD)
Mild	0	0	
Moderate	26	10	47.9 (5.03)
Strong	234	90	

Table 3 showed a significant negative correlation between Islamic belief and mental health ($r = -0.232$, $p < 0.01$) among nurses in SASMEC. Moreover, mental health has been categorised into three categories which were depression, stress, and anxiety. It shows a significant negative correlation between Islamic belief and depression ($r = -0.265$, $p < 0.01$). The findings also show a negative significant correlation between Islamic belief and stress ($r = -0.246$, $p < 0.01$).

Furthermore, the findings suggested an association between Islamic belief and mental health among SASMEC nurses. This context shows that strengthening Islamic beliefs will promote good mental health among nurses. The findings of this study were consistent with the study conducted in Research Universities in the Klang Valley, such as the University of Malaya (UM), National University of Malaysia (UKM), Putra University (UPM), and International Islamic University, Malaysia (IIUM) in 2014 (Achour et al., 2015). A total of 315 questionnaires were returned with a response rate of approximately 70%, which shows a strong association between personal wellbeing and religiosity. Achour et al. (2015) also speculated that religiosity becomes more significant and influential as a coping method when confronted with stressful events beyond one's control. When nurses have strong Islamic beliefs, it can contribute to healthy mental health. Hence, based on the above result, the justification was that a solid and positive inner self is significant to developing good mental health. Muslims have always been emphasised in Islam to strengthen the Islamic belief in sustaining good mental health (Rahman, 2015). The Islamic teachings offer a clear path to living a fulfilling psychosocial life and maintaining a good mental state (Baasher, 2001). Allah mentions in chapter 2 of the Qur'an, verse 177, "Righteousness is not that you turn your faces toward the east or the west, but [true] righteousness is [in] one who believes in Allāh, the Last Day, the angels, the Book, and the prophets and gives wealth, despite love for it, to relatives, orphans, the needy, the traveller, those who ask [for help], and for freeing slaves; [and who] establishes prayer and gives zakāh; [those who] fulfil their promise when they promise; and [those who] are patient in poverty and hardship and during battle. Those are the ones who have been true, and it is those who are the righteous (Saheeh International, 1997)."

Table 3: The association between Islamic belief and mental health status among nurses in SASMEC (N=260)

Variables	Islamic belief	
	r-value	p-value
Depression	-0.265	.0001*
Stress	-0.246	.0001*
Anxiety	-0.137	.027

Note: Pearson Correlation Test, * Significant at $p < 0.001$

Conclusions

This research is focused on the importance of religiosity in guiding someone's life. This study showed that the prevalence of depression, stress, and anxiety among 260 nurses at Sultan Ahmad Shah Medical Centre was 35.8% for depression, stress was 41.1% and 37.3% anxiety that ranged from mild to extremely severe. The Pearson Correlation test showed a negative and significant correlation between religious belief and mental health. When the workplace has a strong religious practice, it could help manage the nurses' mental health. Having a healthy mind and body is significant to taking care of others. The authorities can increase the religious practice by focusing on the spiritual need of the employed and helping them spread the Islamic practice to others outside the workplace. A Muslim that always reminds others well of others is the one that reminds himself.

Conflict of Interest

The authors do not have any conflict of interest regarding this study.

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