

THE INFLUENCE OF RELIGIOSITY ON MENTAL HEALTH AMONG ACADEMICIANS IN PUBLIC HIGHER EDUCATION INSTITUTIONS IN KELANTAN: A PILOT STUDY

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Article history

Received date : 19-4-2024
Revised date : 20-4-2024
Accepted date : 26-8-2024
Published date : 30-9-2024

To cite this document:

Sakarji, S. R., & Nik Min, N. M. F. (2024). The influence of religiosity on mental health among academicians in public higher education institutions in Kelantan: A pilot study. *International Journal of Accounting, Finance and Business (IJAFB)*, 9 (56), 47 - 59.

Abstract: *This study in general examined the influence of religiosity in improving academicians' mental health within the context of the Job-Demand Resource (JD-R) Model. The JD-R Model has been extensively utilised to comprehend how job demands and resources affect workers' performance and well-being. Religiosity, often overlooked as a psychological resource, can play a significant role in mitigating the negative effects of job demands and enhancing employee mental health. Religiosity and spirituality have increasingly gained attention as potential contributors to improving employee mental health. This study also examines the literature and research findings that suggest a significant link between religiosity and enhanced mental health outcomes. To promote a comprehensive strategy for improving mental health in the workplace, it is important to respect employees varied religious perspectives and the necessity of inclusive workplace policies that permit employees to express their religiosity in a way that is consistent with their beliefs. Specifically, for the purpose of this pilot research, this study examines the influence of religiosity on mental health among academicians in three public higher education institutions in Kelantan namely Universiti Teknologi MARA (UiTM), Universiti Sains Malaysia (USM) and Universiti Malaysia Kelantan (UMK). Quantitative data were collected using a questionnaire that was distributed to 33 academicians. The results demonstrate that all the measures exhibited a high level of dependability, with coefficients ranging from 0.872 to 0.977, as determined by the Cronbach's alpha coefficient test. It is worth noting that all these coefficients surpassed the benchmark of 0.70.*

Keywords: *Academicians, mental health, religiosity, job demand, job resources*

Introduction

According to the World Health Organisation (WHO), mental health is a condition of wellbeing in which each person can realise their full potential, manage life's stressors, and engage in productive employment and community service (World Health Organisation, 2017). Mental health well-being of the employees is a significant resource that impacts the performance of the organization (Saju et al, 2019). Lau (2020) highlighted that when dealing with mental health, it is crucial to have sufficient job resources to feel work engagement. The devastating consequences of poor mental health extend beyond the expenses associated with direct care to even greater indirect costs associated with lost productivity, such as presenteeism and absenteeism (i.e., declining performance when working) (Wu et al, 2021; Pinheiro et al, 2017). Stress-stricken individuals frequently experience poor communication and decision-making, increased irritability, and a decline in their capacity to function as a team, which can lead to breakup and poor performance overall (Haddon, 2018).

Numerous studies have been conducted in identifying the factors that contribute to mental health. In the workplace, there are multiple factors recognized to be determinants of workers' mental health. Previous research has demonstrated that work-related factors had contributed to the development of stress, anxiety, and depression, includes high job demands, low job control, high effort–reward imbalance, low relational justice, low procedural justice, role stress, bullying and low social support in the workplace. Gray et al (2019) found that employee's mental health is affected due to high job demand, low job control, low workplace social support, effort-reward imbalance, low organizational procedural justice, low organizational relational justice, organizational change, job insecurity, temporary employment status, a typical working hours, bullying, and role stress. Wu et al (2021) found that workplace stressors have been linked to an elevated risk for many detrimental mental health effects include extended working hours, a lack of social support, and unclear management and job tasks. Crucially, it has been shown that these factors directly affect the health and well-being of employees (Urbina-Garcia, 2020).

The relationship and moderating influence of religiosity on various variables have been the subject of several research in the literature; however, only a few studies treat religiosity as a personal resource from an HRM perspective (Abu Bakar et al, 2018). As employees grapple with the challenges posed by their roles, the necessity for resources to cope effectively becomes apparent. Traditional job resources, such as social support, autonomy, and opportunities for skill development, have been extensively studied within the framework of The Job-Demand Resource (JD-R) Model. This model provides a lens through which researchers and organizations can examine the intricate interplay between job demands and resources to enhance overall well-being. Beyond the conventional understanding of job resources, there is a growing recognition of the potential role of religiosity in supporting employees' coping mechanisms. Religiosity, encompassing spiritual beliefs, practices, and a sense of connection to a higher purpose, offers a unique perspective on how individuals navigate the challenges presented by their professional lives.

Furthermore, fewer studies were conducted which focus on mental health among Muslims such as by Koenig and Al Shohaib (2019). Nonetheless, research on the influence of religious elements on occupational performance in Islamic settings remains limited (Hassi et al., 2021). Even though occupational stress especially mental health is on the rise in modern companies, the work-related aspect of religious coping has largely gone unexplored (Pandey & Singh, 2019). Finally, most of the studies were conducted are focused on the impact of mental health among healthcare practitioners/workers (Posluns & Gall, 2020; Praharsio et al, 2020; Muller et

al, 2020), nurse (Creamer & Austin, 2017), public universities student (Chen et al, 2020), academicians at primary and secondary school (Bernotaite & Malinauskienne, 2017), as well as other occupations. The literature on the use of religiosity as an intervention is very scarce to support its use among academicians (Chirico et al., 2020).

In the general population, and compared to the public, academicians have more mental health issues. Stress, depression, and anxiety are more common in public service sectors such as education, health and social care, public administration, and defense (Achour, et al, 2021). Public sector personnel frequently encounter elevated levels of strain in contrast to other occupations (Health and Safety Executive, 2020). More recently, it was shown that US academicians reported having poorer mental health more frequently than two comparable national samples of the general population did (McLean et al., 2017). Academicians have lower job satisfaction and worse mental health as compared to other highly pressured occupational groups (Travers & Cooper, 2014). Somatic disorder, anxiety, social dysfunction, and depression are the typical problems faced by academicians while playing their task and responsibilities.

It is therefore important to include aspects of religiosity in the study of mental health problems, as Koenig (2012) proposed that religious beliefs may provide coping with stress, give social support, encourage human virtues, and increase positive emotions such as meaning, purpose in life and peace. Engaging in religious practices such as faith, prayer, supplication, recitation of the Qur'an, trust in and memory of God, forgiveness, patience, starting the day with positive thoughts, and expressing gratitude to God for His favours are all effective ways to cope with life's difficulties (Achour et al., 2021). According to Abu Bakar et al (2018), researchers are beginning to pay more attention to how religion shapes people's beliefs and behaviours in both life and the workplace. Abbas et al (2021) found that religion can served as a source of internal control, while practicing religion as a strong belief system and code of conduct in life is significant in many previous studies such as Dent et al., 2005; Fiori et al, 2006; Furnham, 1982; Gabbard et al., 1986; Jackson & Coursey, 1988). By concentrating on one personal resource, religiosity, the current study helps to clarify concepts about personal resources within the JD-R model. According to studies on stress, personal resources are crucial because they may boost self-esteem and have a favourable impact on how resources are perceived at work (Avey et al., 2010; Xanthopoulou et al., 2007). Individual religiosity is a significant but often underutilized personal resource that is the subject of this study investigation. Therefore, the purpose of this study was to examines the influence of religiosity toward mental health among academicians in public higher education institution in East-Coast Malaysia.

By considering religiosity as a job resource, this study aims to develop and test an instrument measuring variables related to religiosity and academician mental health at public higher education institutions in Kelantan. This study expands the field of mental health research to the Islamic setting of Malaysia, a country where Muslims predominate, while the bulk of studies on religiosity have been on samples from Western civilizations. It is needed to explore its capacity to act as a personal resource and a buffer against the negative effects of job demands, providing individuals with a source of emotional support, resilience, and a framework for finding purpose and meaning in their work.

Literature Review

Academician Mental Health

In the academic setting, academicians are essential in ensuring that students meet the learning objectives that align with their degree of education and educational policy. However, when academicians are hurt or get ill at work because of workplace dangers, it might negatively impact the standard of instruction and learning activities (Tai et al, 2019). The way university's function is presently undergoing rapid transformation, which is aggravating pre-existing problems with growing financial strain and resource rationalisation and driving a more thorough transition to digital teaching (Dolton 2020; Marshman and Larkins 2020). The incidence of stress among academicians has increased globally, and work-related expectations, poor coping strategies, and attributional behaviours have all been linked to high levels of anxiety and depression as well as low job satisfaction in university staff members (Mohamed et al, 2021). Academic staff members' well-being has worsened, possibly because of the academic work environment deteriorating and taking away their control over their tasks while significantly increasing their burden (Mudrak et al, 2018). Most of the prior research has concentrated on the fatigue and mental health impact on healthcare personnel; yet it appears vital to evaluate its consequences on other working groups, such as academics and university workers (Ghasemi et al, 2021). According to the Health and Safety Executive (2020), 0.6 million workers in the UK experienced occupational illnesses such as depression, anxiety, and nervousness between 2018 and 2019 (Shen & Slater, 2021). Additionally, there was an increase in the number of higher education staff seeking occupational health services due to poor mental health (Guthrie et al., 2018; Dorsett et al., 2019).

Public universities around the world have experienced tremendous transformation in the last few decades, including massification, increased internationalisation, a greater focus on the application of academic work, and an increase in the power of university administration. These changes have altered both the nature of academic work and workplaces (Mudrak et al, 2018). Many studies have shown that several factors, including the demands of teaching, heavy administrative workloads, research pressures, and inadequate leadership and management, are particularly harmful to well-being (Barkhuizen et al., 2014; Coulthard & Keller, 2016; Guthrie et al., 2017). For example, a scoping review study by Lee et al (2022) found that over the past few decades, academicians in higher education have experienced a rise in occupational stress and in Australia and New Zealand, this trend has been especially pronounced. A study by Tai et al., (2019) found that stress has continuously been identified as a prevalent mental health issue among academicians in Malaysia. Moreover, it is reported that academicians' mental health is negatively impacted by several variables that contribute to their increased workload and stress, including work-family conflict, inadequate training, and increased work overload (Mosleh et al, 2022).

Academicians will inevitably be impacted by occupational stress factors, which include eating disorders, frequent staff turnover, absenteeism, poor mood, headaches, anxiety, depression, and sleeplessness (Dua, 1994; Gillespie et al., 2001; Sharpley, Reynolds, Acosta, & Dua, 1996). According to Gillespie et al. (2001), employees also report notable work-life conflicts that lower life quality, damage relationships with family and friends, and interfere with non-work activities. The accumulation of occupational stresses can also have an impact on the quality of teaching and research, and academicians may feel overburdened by the responsibility of maintaining their well-being in addition to providing pastoral care to an ever-growing student body (Tham & Holland, 2018).

There are numerous elements in the workplace that are known to influence employees' mental health. A general study revealed that work-related factors that contributed to the development of depression and/or anxiety are includes high job demands, low job control, high effort–reward imbalance, low relational justice, low procedural justice, role stress, bullying and low social support in the workplace. Gray et al (2019) found that employee's mental health is affected due to high job demand, low job control, low workplace social support, effort-reward imbalance, low organizational procedural justice, low organizational relational justice, organizational change, job insecurity, temporary employment status, a typical working hours, bullying, and role stress. Wu et al (2021) found that workplace stressors have been linked to an elevated risk for many detrimental mental health effects include extended working hours, a lack of social support, and unclear management and job tasks. Crucially, it has been shown that these factors directly affect the health and well-being of employees (Urbina-Garcia, 2020).

Job Demand-Resource Model (JD-R Model)

The JD-R model was developed to address some of the drawbacks of previous work psychology research models, such as the effort reward imbalance (ERI) model (Siegrist,1996), the job demand-control (JD-C) model (Karasek, 1979), and the job demand-control-support (JD-C-S) model (Johnson & Hall, 1988). The job demands-resources model, or JD-R model, weighs job demands against job resources. The premise of the concept is that job demands, and job resources may be applied to any part of a job (Demerouti, Nachreiner, Bakker, & Schaufeli, 2001). Studies demonstrating that high job demands predict burnout and depression, long-term sick leave, and lower job performance lend credence to the idea that high job demands initiate a health-deteriorating process (Bakker, Demerouti, de Boer, & Schaufeli,2003; Bakker, Demerouti, & Verbeke,2004; Hakanen,Schaufeli, & Ahola,2008; Simbula,2010).

On the other side, job resources are organisational, mental, social, or physical elements that are useful in accomplishing goals at work. It has been demonstrated that job resources can mitigate the negative consequences of high job demands on experienced burdens (Bakker, Euwema, Demerouti, & Bakker, van Veldhoven, & Xanthopoulou,2010; Xanthopoulou et al., 2007). Numerous studies have been conducted and found that religiosity is a significant personal resource (Abualigah et al, 2021; Weiß & Süß, 2019; Abu Bakar et al, 2018; Koburtay & Abualigah, 2023; Apergis et al, 2023). This study highlights the contextual applicability and possible extension of the JD-R theory through extending its model to religiosity and mental well-being of employees in a diverse cultural context in Malaysia.

Religiosity and Academician Mental Health

Multiple studies have found a consistent correlation between religiosity and various aspects of mental health (Malinakova et al., 2020). These include higher levels of life satisfaction and a sense of meaning in life (George et al., 2002), as well as a lower prevalence of anxiety, depression (Paine et al., 2017; Kim et al.,2015), suicidal tendencies (VanderWeele et al., 2016), and other related conditions. Religiosity significantly influences people's behaviours and attitudes in a workplace environment, dictating the appropriate conduct and mindset (Kokalan & Bal, 2021).

A study by Onyemah et al (2019) also found the important effects of religiosity as an antecedent to job satisfaction, proven that religiosity give a significant impact on employee. The impact of religiosity on the relationship between work stress and several individual outcomes, such as psychosomatic issues, turnover, and job satisfaction, was discovered by Jamal and Badawi (1993). There is evidence that religiosity can help shield a person from stress (Weiß & Süß,

2019). Higher levels of religiosity have been linked to reduced levels of psychological strain, according to several studies (e.g. Ellison et al., 2001; Nonnemaker et al, 2003). Religiosity helps the individual deal with stressors, which attenuates the link between psychological strain and professional stress, as has been established for other personal resources like optimism and self-esteem (Mäkikangas & Kinnunen, 2003). A study by Fatima et al (2018) found that religious practices and religious coping were important indicators for employee well-being. According to a study by Kokalan and Bal (2021), religiosity has lessened the detrimental effects on job satisfaction and burnout.

Despite most studies are focusing on the impact of job demands and job resources toward employees' mental health, less attention are being paid to the role of religiosity as a coping mechanism in improving academicians' mental health. Previous research shown a substantial relationship between academicians' effectiveness and their level of religion (Mathew et al., 2018). Novitasari et al (2020) reported that religiosity have a positive and significant effect on the academicians' performance. In a study conducted by Achour (2015), it was shown that most Muslim women academics employed religiosity as a means to manage different disputes and consequently improve their mental health issues. Ahmadi et al. (2022) found that academicians at Iran use religiosity as a mean of coping strategies by focusing on thinking that life is part of a greater whole, followed by praying to Allah/God. However, a study by Penthin et al (2023) provided little insight into the relationship between religiosity and explanatory value, but it did reveal a strong correlation between non-transcendent spiritual beliefs and predictive ability. A further investigation conducted by Edara et al (2021) among academicians in the Philippines showed that religiosity was positively and significantly correlated with their well-being. Moreover, 64% of participants within the university community in Sweden are reported to commonly utilize an extensive variety of religious coping practices as a means to address and manage their stress and sadness (Ahmadi et al, 2022). In a study on the factor impacting the academician's mental health in Thailand, Ratanasiripong et al (2024) agreed that religion is one of the factors within Asia that influences the approach to addressing mental health issues.

Therefore, according to studies on stress, personal resources are crucial because they may boost self-esteem and have a favourable impact on how resources are perceived at work (Avey et al., 2010; Xanthopoulou et al., 2007). Individual religiosity is a significant but often underutilized personal resource that is the subject of this study investigation. Religion can be a personal resource that has a positive impact on one's mental and overall wellbeing in several ways. Believing in a supreme being can offer daily direction and assurance in the coherence of the world, which can lessen negative emotions and boost happy ones, improving well-being and health. The hypothesized model of academician mental health during are as shown in Figure 1 and the hypotheses developed relationship between religiosity and academician mental health at public higher education institutions in Kelantan.

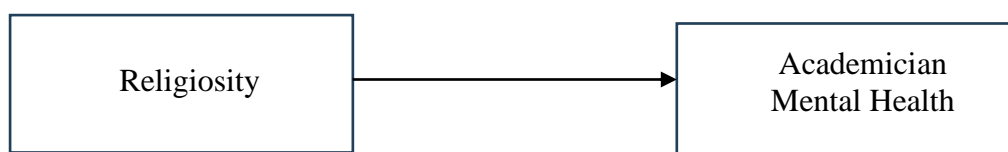


Figure 1: The Hypothesized Model of Academician Mental Health

Data Collection And Method

Method

A self-administered questionnaire survey was used in this quantitative study to collect data from participants. Despite the incorporation of numerous components from a reputable instrument, a pilot test remains necessary. Conducting a pilot test is crucial to ensure the clarity of wordings and the relevance of material before the actual test. This study focuses on conducting a pilot test of an ongoing research. The test involves a small sample of lecturers as respondents, which aligns with the recommendation by Faruk (2019) that the pre-test sample size should range from 15 to 30 respondents. However, the sample size can be increased if the test involves multiple stages. In addition, Sekaran and Bougie (2019) stated that the Cronbach's alpha coefficient is the most employed measure of the reliability of inter-item consistency. The inter-item uniformity reliability is considered the most accurate measure of the pilot test, and it is commonly referred to as the Cronbach's alpha coefficient, which is widely recognised as the most popular value for reliability measurement (Sekaran & Bougie, 2019). Therefore, the Cronbach alpha test is employed in this study to establish and evaluate the internal consistency of the instrument. Hence, a pilot test was carried out to assess the items and determine the reliability of each dimension in the instrument. A total of 33 academicians in three public higher education institution in Kelantan namely Universiti Teknologi MARA (UiTM), Universiti Sains Malaysia (USM) and Universiti Malaysia Kelantan (UMK) participated in the pilot test.

Result And Analysis

Demographic Analysis

The respondent's demographic profile is represented in the Table 1. The result indicated that most of the respondents are female (87.9%) that is 25 out of 33 and at the age of 36-40 years old (39.4%). More than half of the respondents that is 22 (66.7%) respondents possess master's degree as their highest academic qualification. The remaining 11 (33.3%) respondents are the PhD holders. Most of them are on the grade 51 and 52 and work permanently. One quarter of the respondents equal to thirteen respondents have work for 11 to 15 years old (84.8%), while the others have work for 2 to 5 years and others. Majority of the respondents had married (84.8%). The result also indicated that 15 (45.5%) of the respondents came from the Comprehensive University (UiTM), while 8 (24.2%) of the respondents came from the Focus University (UMK). Meanwhile, 10 (30.3%) of the respondents came from the Research University (USM).

Table 1: Demographic Profile of the Respondents

Demographic Profile		Frequency	Percent
Gender	Male	4	12.1
	Female	29	87.9
Age	31-35	6	18.2
	36-40	13	39.4
	41-45	9	27.3
	46-50	4	12.1
	51 and above	1	3
Qualification	Master's degree	22	66.7
	PhD	11	33.3
Grade	45/46	8	24.2
	51/52	25	75.8

Salary	RM3070-5884	4	12.1
	RM5885-6161	2	6.1
	RM6162-7189	4	12.1
	RM7190-7675	3	9.1
	RM7676-10,000	17	51.5
	RM10,001 and above	2 1	6.1 3
	Others		
Tenure of Employment	Permanent	32	97
	Part-time	1	3
Institution	Comprehensive University (UiTM)	15	45.5%
	Focus University (UMK)	8	24.2%
	Research University (USM)	10	30.3%
Work experience	2-5 years	8	24.2
	6-10 years	4	12.1
	11-15 years	13	84.8
	16-20 years	5	15.2
	21-25 years	1	3
	More than 25 years	2	6.1
Status	Single	4	12.1
	Married	28	84.8
	Others	1	3

Reliability Analysis

Reliability was frequently assessed to gauge the internal consistency of the items. The reliability of the collected data was assessed using Cronbach's Alpha. Test-retest reliability refers to the consistency of a test in measuring the same construct on multiple occasions, resulting in same outcomes (Salkind, 2017). Table 2 below shows the reliability model by Hinton (2004).

Table 2: Reliability Model (Hinton, 2004)

Coefficient of Cronbach's Alpha	Reliability Level
More than 0.90	Excellent
0.70 – 0.90	High
0.50-0.70	Moderate
Less than 0.50	Low

The 31-item instruments underwent reliability analysis, and the resulting data is presented in Table 3. The findings demonstrate that all the items exhibited good reliability ranging from 0.872 to 0.977. As the dependent variable, Mental Health (Stress) recorded an excellent internal consistency with a score of 0.922. This was followed by Mental Health (Depression) with a score of 0.887 and Mental Health (Anxiety) with 0.872. Meanwhile, as the independent variable, religiosity recorded an excellent reliability with a score of 0.977. These findings were consistent with Hinton and Murray (2017) which stated that an alpha score above .75 is

considered for a high reliability, a score of .5 to .75 is accepted and is regarded as a moderate reliability while a score below that attributed to a low reliability.

Table 3: Reliability Analysis

Variable	Number of Items (N)	Cronbach's Alpha	Description
Mental Health (Depression)	7	0.887	High
Mental Health (Anxiety)	7	0.872	High
Mental Health (Stress)	7	0.922	Excellent
Religiosity	10	0.977	Excellent

Conclusion And Recommendation

The study's unique contribution lies in the utilisation of a questionnaire. A pilot test is an initial assessment that involves using a small subset of the study's participants before implementing the complete sample size of the study (Kassim et al., 2021). The objective of this pilot study is to examine the reliability as well as face and content validity of the measurement equipment in anticipation of a more extensive examination. Meanwhile, the main study will investigate the implications of the study components. Consequently, this study performed a preliminary examination to evaluate the accuracy and consistency of the instrument. Instrument validity refers to the extent to which an instrument accurately measures the specific attribute it is intended to assess. On the other hand, measurement reliability refers to the extent to which an instrument is free from errors, consistent, and stable over time and across different items on the scale (Sekaran & Bougie, 2019). This study employed a limited sample size of 33 cases for the pilot test, since experts were employed to implement necessary adjustments prior to the larger study. Hence, the inter-item reliability test indicated that all the items being examined were reliable and above the minimum requirement of 0.07. This shows a good internal consistency of items. As a conclusion, this report summarises the outcomes of a pilot research investigating the influence of religiosity on mental health among academicians in three public higher education institution in Kelantan namely Universiti Teknologi MARA (UiTM), Universiti Sains Malaysia (USM) and Universiti Malaysia Kelantan (UMK).

Acknowledgement

The heartfelt appreciation goes to the dedicated team members who played a pivotal role in the completion of this research study. The unwavering commitment, collaboration, and shared expertise significantly contributed to the success of this project. We also would like to express our deepest gratitude to Universiti Teknologi MARA (UiTM) Cawangan Kelantan for providing the essential support and resources that facilitated the undertaking and completion of this study.

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