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# Religiosity level and perceived social support for the psychological wellbeing of Muslim undergraduate nursing students


## *Tahap keagamaan dan persepsi terhadap sokongan sosial untuk kesejahteraan psikologi pelajar Muslim dalam bidang sarjana muda kejururawatan*

Rasyad Kamal Othman, Siti Sahirah Suhaimi, Wan Hasliza Wan Mamat, Shanti Wardaningsih & Nurasikin Mohamad Shariff

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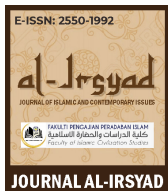
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## Religiosity level and perceived social support for the psychological wellbeing of Muslim undergraduate nursing students

*[Tahap keagamaan dan persepsi terhadap sokongan sosial untuk kesejahteraan psikologi pelajar Muslim dalam bidang sarjana muda kejururawatan]*

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### Keywords:

Psychological Wellbeing,  
Social Support, Religiosity,  
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### ABSTRACT

Nursing students are exposed to various difficulties, such as the need to meet academic and clinical expectations, distance from home, and financial constraints. In doing so, they may encounter unpleasant events that might affect their mental health. Mental wellbeing can be enhanced through religion and social support. In this study, the mental health, perceived social support, and religiosity of undergraduate nursing students were evaluated, and any correlations between these aspects were assessed. A cross-sectional study involving socio-demographic data, DASS-21 items, the Multidimensional Scale of Perceived Social Support (MSPSS), and a self-rated religiosity scale was conducted among 255 Muslim undergraduate nursing students at a public Islamic university. The result showed that the nursing students had moderate levels of psychological wellbeing (Mean=23.41, SD=+/- 14.352), 83.0% of the students were very religious and sensed a high level of social support, while they had moderate levels of psychological wellbeing (Mean=23.41, SD=+/- 14.352). Levels of religiosity and perceived social support had a significant inverse relationship with the total DASS-21 ( $r_s=0.195$ ,  $p<0.05$ ;  $r_s=0.248$ ,  $p<0.05$ ). This study demonstrates how protective characteristics - including religiosity, being a third-year student, and perceived parental support can affect mental health. This research may be expanded in future to investigate more protective factors for the population of interest because of the constraints of using a single study setting, the Islamic university.

### Kata Kunci:

Kesejahteraan Psikologi,  
Sokongan Sosial, Keagamaan,  
Pelajar Kejururawatan

### ABSTRAK

Pelajar kejururawatan telah didedahkan kepada pelbagai kesukaran dalam memenuhi jangkauan akademik dan klinikal, jarak dari rumah, dan kekangan kewangan. Kesukaran yang dihadapi ditambah dengan peristiwa tidak menyenangkan boleh menjejaskan kesihatan mental pelajar. Keagamaan dan sokongan sosial boleh menjadi faktor pendorong untuk memantapkan

kesejahteraan mental. Kajian ini bertujuan untuk menilai kesejahteraan mental, persepsi sokongan sosial dan keagamaan di kalangan pelajar kejururawatan sarjana muda dan mengkaji perkaitan antara mereka. Kajian keratan rentas telah dijalankan dalam kalangan 255 pelajar Islam dalam bidang kejururawatan sarjana muda di sebuah universiti Islam awam melalui tinjauan dalam talian, terdiri daripada ciri-ciri sosio-demografi, item DASS-21, Multidimensional Scale of Perceived Social Support (MSPSS) dan skala penilaian keagamaan sendiri. Keputusan menunjukkan bahawa pelajar kejururawatan mempunyai tahap kesejahteraan psikologi yang sederhana (Min=23.41, SD=+/- 14.352), 83.0% sangat beragama, dan mereka merasakan sokongan sosial yang tinggi (Min=63.22, SD= +/-12.794). Terdapat hubungan negatif yang signifikan antara tahap keagamaan ( $r_s=-0.195$ ,  $p<0.05$ ), tahap sokongan sosial yang dirasakan dengan jumlah DASS-21 ( $r_s=-0.248$ ,  $p<0.05$ ). Kajian ini mengetengahkan implikasi ke atas faktor perlindungan iaitu tahap keagamaan, berada di tahun 3 pengajian dan persepsi sokongan yang diterima dari keluarga terhadap kesejahteraan mental golongan muda dalam bidang akademik, terutamanya untuk kemurungan dan tekanan. Dengan keterbatasan kajian ini di mana hanya satu tempat pengajian, digalakkan bahawa kajian masa depan dapat diperluaskan untuk menyiasat lebih banyak faktor perlindungan untuk populasi penting bagi penyelidik akan datang.

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**I. INTRODUCTION**

Many people find university life a stressful time while they are transitioning from adolescence to maturity (Khallad & Jabr, 2016). Nursing students worldwide, including in Malaysia, may face despair, anxiety, and stress because of their academic obligations, distance from home, and financial constraints (Cilar, Barr, Štiglic, & Pajnikihar, 2019). A total of 1,532 nursing college students completed an online survey in China developed by Gao, Wang, Guo, and Hu (2021), found that 44.5% of the respondents presented with symptoms of PTSD, 2.9% presented with depression, 2.9% presented with anxiety, 1.1% presented with stress, and 22.8% presented with symptoms of insomnia. Cheung et al. (2016) reported that 20% to 39.9% of 661 nursing students in Hong Kong, China had experienced moderate to extremely severe levels of depression, anxiety, and stress. A study involving 92 undergraduate nursing students in Sri Lanka reported mild to extremely severe symptoms of depression, anxiety, and stress, with 51.1%, 59.8%, and 82.6%, respectively, being affected (Rathnayake & Ekanayaka, 2016). Recent research from Malaysia has shown that undergraduate students frequently experience mild to moderate levels of stress, anxiety, and depression (Daud, Mohd Haridi, Alias, & Hasin, 2021; Kassim et al., 2022; Rathakrishnan, Bikar Singh, & Yahaya, 2022; Shahira et al., 2018).

According to a report by Cheung et al. (2016), nursing students experience stress in the clinical setting during their training term owing to the demands of patient care, stress from nursing staff, and stress from teachers. These pressures, especially the heavy workload and fear of failure, can lead to anxiety and depression in such students (Cheung et al., 2016). The outcomes might include diminished physical capacity, as well as subpar academic and clinical performance. The demanding nature of the discipline may lead to academic fatigue, which

would have a negative impact on the nursing educational system (Hoseinabadi-Farahani, Kasirlou, & Inanlou, 2016).

During the COVID-19 lockdowns in April 2020 in Portugal and Spain, 705 Portuguese and 370 Spanish students participated in a study conducted by Gonçalves Lourenço et al. (2022). Based on the findings, the researchers identified five predictive variables for a model of psychological wellbeing for the nursing students: 1) stress, 2) hope, 3) active coping, 4) coping by planning, and 5) coping by positive reinterpretation. Many previous studies have shown that social support is highly related to mental wellbeing among university students. The effects of social support from family, friends, and significant others on levels of depression, anxiety, and stress were investigated by Kugbey, Osei-Boadi, and Atefoe (2015). The study involved 165 undergraduate students at the University of Ghana. In contrast to previous findings about the importance of social support from family and close relationships, the researchers found that support from friends was more crucial for university students and a reliable predictor of depressed symptoms, possibly because college friends are the ones who bond and experience similar situations.

However, insufficient information is available regarding the mental wellbeing of nursing students in local settings in Malaysia (Masilamani et al., 2019), as well as the relationship between this wellbeing and religiosity. In the literature, most investigations of the association between mental wellbeing and religiosity among nursing students have been produced in other countries, with the results revealing a significant association between the two variables (Gardner, Krägeloh, & Henning, 2014; Felicilda-Reynaldo et al., 2019). No correlation was identified between religiosity and anxiety-depressive symptoms, according to a study conducted among Malaysian medical students that examined the two factors (Francis et al., 2019). Both Sakellari et al. (2018) and Taheri-Kharameh et al. (2016) found a significant inverse association between religious-spiritual wellbeing and depression, as well as a significant inverse relationship between religious-spiritual wellbeing and stress and anxiety. According to Taheri-Kharameh et al. (2016), participants reporting high levels of religious-spiritual health did so while also displaying lower levels of stress, anxiety, and depression.

According to the results of a study by Alshehry, Almazan, and Alquwez (2019), which involved 175 Muslim nursing students in Saudi Arabia, the students claimed to be religious, which was demonstrated by their intense religious practice and inherent religiosity. Muslims are among the most devout people in the world, and they typically have a deep commitment to their faith (Alshehry et al., 2019). Similarly, according to figures presented by Heydari, Janghorban, and Akbarzadeh (2020), the majority of students in Iran had moderate to high religious attitudes, with 0.7%, 52.5%, and 46.8% of 139 midwifery and nursing students having low, moderate, and high religious attitudes, respectively.

Due to the lack of research into the association between mental wellbeing and religiosity among nursing students in Malaysia, this study is highly relevant as it develops the understanding of the relationship between mental wellbeing and religiosity among nursing students, together with the effects of perceived social support. This research was intended to shed additional light on the protective factors for mental wellbeing among undergraduate nursing students. Therefore, the study was conducted to determine the mental wellbeing, religiosity, and perceived social support among undergraduate nursing students.

## 2. METHODOLOGY

A quantitative cross-sectional study was conducted on undergraduate nursing students from March until April 2021. The respondents were recruited from a school of nursing at a public university in the East Coast region of Peninsular Malaysia. The Raosoft sample calculation software was used to calculate the sample size and, considering a 10% dropout rate, 201 undergraduate nursing students would be needed. Potential respondents were selected using the convenience sampling method, whereby they were invited to participate via email and *WhatsApp*. A total of 255 respondents agreed to take part in this study.

### 2.1 Study Instrument

An online survey was created to enable the study respondents to participate in this study. The questionnaire was a self-reported response form in English, which encompassed socio-demographic data that would identify the students' gender, year of study, socio-economic status, and parents' marital status.

### 2.1.1 Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet, Dahlem, Zimet, and Farley (1988) created the Multidimensional Scale of Perceived Social Support (MSPSS) tool to gauge respondents' opinions about the support received from friends, family, and significant others. The MSPSS is comprised of a 12-item questionnaire with a seven-point scale (from 1 for *strongly disagree* to 7 for *strongly agree*). The total scores range from 12 to 84, whereas the scores for each subscale range from 4 to 28. A score of 12-35 represents a low amount of perceived social support, a score of 36-60 represents a moderate level, and a score of 61-84 represents a high level. The MSPSS has good internal consistency since the Cronbach's coefficient alpha of the total scale is 0.95 (Wang et al., 2021).

### 2.1.2 Self-rated religiosity scale

Adapted from a study by Achour, Grine, Nor, and Mohd Yusoff (2014), the self-rated religiosity scale contains 11 items. The scale uses a five-point Likert scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). The overall ratings can vary from 11 to 55, with higher total ratings signifying greater religiosity or "strength of religious faith". In this study, all 11 items had a Cronbach's alpha value of 0.738, so they were all trustworthy and retained (Achour et al., 2014).

### 2.1.3 Depression Anxiety and Stress Scale (DASS-21)

Lovibond and Lovibond (1995) created the DASS-21 scale to assess the psychological health of respondents. On a four-point Likert scale, respondents are asked to rate 21 statements describing their condition over the previous week. The scores range from 0 (*did not apply to me*) to 3 for each item (*applied to me very much or most of the time*). The DASS-21 scores, which range from 0 to a maximum of 126, were used as an indicator of the students' mental wellbeing. Rising scores illustrate reducing levels of mental health. Each subscale, including those for stress, anxiety, and depression, contains seven items. The sum of the items on each subscale determines the overall subscale score. The internal consistency reliability for each subscale has been determined, with depression (0.92), anxiety (0.87), and stress (0.89), all found to have high levels of reliability (Thiyagarajan, James, & Marzo, 2022).

The study protocol was approved by Kulliyah of the Nursing Postgraduates Research Committee (KNPGRC) and the IIUM Research Committee (IREC). Informed consent was obtained from the respondents before the data collection, with each respondent given an information sheet explaining the study's objectives and confidentiality. All the respondents were informed that the information provided would be kept confidential and anonymous and used strictly for academic purposes. Respondents also had the choice to decline to participate and to withdraw their consent at any moment. IBM Statistical Package for the Social Sciences (SPSS) version 25 was used in this study. Correlation analysis and multiple linear regression were conducted to accomplish the research goals. P-values of less than 0.05 indicated statistical significance.

## 3. RESULTS

A total of 255 study participants were recruited between March and April 2021, all of whom were Muslims. The majority were female, with a total of 211 (82.7%), Year 4 students comprised the highest number of respondents (n= 83, 32.5%), and the majority of the respondents stayed on campus (n=195, 76.5%) during the data collection period. In terms of socio-economic status, 164 (64.3%) of the respondents categorised themselves in the B40 group. The marital status of the respondents' parents was also analysed, with most parents found to be married (n=229, 89.8%). The results indicated that the nursing students had moderate levels of psychological wellbeing (Mean=23.41, SD=+/- 14.352). Overall, the nursing students were very religious (Mean=50.87, SD=+/-5.196), and they sensed high degrees of social support from family (Mean=20.99, SD=+/-5.471), significant others (Mean=20.83, SD=+/-4.669), and friends (Mean=21.40, SD=+/-5.168).

Table 1  
Socio-demographic data of the participants (N = 255)

Socio-demographic Characteristics	Frequency	Percentage (%)
Gender		
Male	44	17.9
Female	211	82.1
Year of Study		

First Year	57	23.4
Second Year	65	26.8
Third year	50	20.9
Final year	83	28.9
<b>Household Income per month (RM)</b>		
0 – 4849 (B40)	164	65.1
≥ 4850 (M40 and above)	91	34.9
<b>Parents' Marital Status</b>		
Married	229	88.9
Divorced/Widowed	26	11.1

In terms of psychological wellbeing, the mean DASS-21 score of 23.41 (SD=±/ 14.352) indicated moderate psychological wellbeing. The evidence shows that 22.6% of the respondents had moderate depression, 13.2 % had moderate anxiety, and 17% had moderate stress. A considerably high number of participants (74, or 31.5%) had extremely severe anxiety, compared to those with depression or stress (extreme depression = 16.2%, extreme stress = 5.1%). Table 2 presents the prevalence of depression, anxiety, and stress.

**Table 2**  
*Prevalence of Depression, Anxiety, and Stress according to the DASS-21 Item Subscales (N=255)*

	Range of scores	Frequency	Percentage (%)
<b>Depression</b>			
Normal	0-4	83	35.3
Mild	5-6	28	11.9
Moderate	7-10	53	22.6
Severe	11-13	33	14.0
Extremely severe	14 and above	38	16.2
<b>Anxiety</b>			
Normal	0-3	66	28.1
Mild	4-5	29	12.3
Moderate	6-7	31	13.2
Severe	8-9	35	14.9
Extremely severe	10 and above	74	31.5
<b>Stress</b>			
Normal	0-7	108	46.0
Mild	8-9	34	14.5
Moderate	10-12	40	17.0
Severe	13-16	41	17.4
Extremely severe	17 and above	12	5.1

**Table 3**  
*Relationship between Level of Religiosity, Perceived Social Support, and Psychological Wellbeing (N=255)*

Variable	Mean	SD	Correlation with distress (DASS_21)		Multiple regression	
			r <sub>s</sub>	p-value	b	β
Level of Religiosity	50.87	5.196	-0.195*	0.002*	-0.357*	-0.129
Perceived social support_						
Family	20.99	5.471	-0.302*	0.000*	-0.792*	-0.285
Significant others	20.83	4.669	-0.132*	0.034	0.235	0.090
Friends	21.40	5.168	-0.182*	0.004*	-0.055	0.479
Year of study	Third year <sup>^</sup>		-0.227*	0.000*	-0.249*	0.000

<sup>^</sup> coded in dichotomous as 1=Third year of study and 0=Other year of study

r<sub>s</sub> Spearman rho correlation

\*p<0.05 is significant

R<sup>2</sup> = 0.166, F(3, 251) = 16.67, and p .001 were the results of the multiple regression model using all three predictors. As demonstrated in Table 3, third-year students, perceived family support, and religion all had a

substantial negative weight (being opposite in sign from their connection with the criterion). This indicates that students who met the criteria were anticipated to experience less distress (a suppressor effect). The multiple regression model did not take into account how friends and significant others were perceived as supportive by the undergraduate nursing students in terms of minimising distress.

#### 4. DISCUSSION

According to the study results, 59.6% of undergraduate nursing students reportedly experienced moderate to extremely severe anxiety during the period of study between April and May 2021 (13.2%, 14.9%, and 31.5% experienced moderate, severe, and extremely severe levels, respectively). According to [Hassan et al. \(2022\)](#), the lockdown period in Malaysia from January to May 2021 likely contributed to this result as students performed many tasks: they attended long online classes, organised household chores, and managed younger siblings, while the simultaneous academic burden (for example, online exams, seminars, and assignments) added to their anxiety. A systematic review among youths in Southeast Asia by [Dessauvague, Dang, Nguyen, and Groen \(2022\)](#) supports the finding from the current study that university students might experience higher levels of psychological distress. The results to highlight involve perceived support from family, religiosity, and being a third-year student, with these found to be protective factors for the psychological wellbeing of the study participants.

The results showed that being a third-year undergraduate nursing student contributed to better psychological wellbeing, possibly indicating that the students had adapted to the academic system and coped well with it at the university. This contradicted the findings of the study conducted by [Sundarasan et al. \(2020\)](#) during the COVID-19 lockdown period in Malaysia (in 2020), in which no association was identified between the level of study and anxiety among their study participants ( $n= 983$ ). The current results could have been obtained by chance as the sample size was smaller than that used by [Sundarasan et al. \(2020\)](#).

During this study, it was discovered that perceived social support was significantly and inversely related to distress among undergraduate nursing students. This indicates that when perceived social support was higher, the DASS-21 score was lower, suggesting better mental health and mental wellbeing. This corresponds with findings obtained in research by [Alsubaie, Stain, Webster, & Wadman \(2019\)](#), [Khallad and Jabr \(2016\)](#), and [Kugbey et al. \(2015\)](#), who discovered significant negative correlations between psychological problems and perceived social support, suggesting that when one has more social support, fewer psychological issues are experienced. Researchers noted that strong and sufficient social support among students can mitigate the impacts of psychological issues. Hence, social support can affect a person's mental wellbeing, as shown by all the prior studies, while it is crucial for mental health and wellbeing, especially among university students, who need it to adjust to their new lives.

The results suggest that religiosity was a protective factor of psychological wellbeing for the current study participants. [Masilamani et al. \(2019\)](#) reported that religion was one of the coping strategies identified among Malaysian nursing students, although no association was found between practising religion and stress among the study participants. A study conducted in Saudi Arabia with 175 Muslim nursing students can be compared with the current findings, with the former stating that the students were religious, as manifested in their high religious practice and intrinsic religiosity ([Alshehry et al., 2019](#)). However, a study of a medical student population contradicted the current findings ([Francis et al., 2019](#)). In the 2019 study, religiosity, anxiety, and depressive symptoms were not significantly associated, suggesting that better or worse anxiety and depressive scores did not correlate with religiosity ([Francis et al., 2019](#)). Muslims are among the world's most religious people and have a deep sense of commitment to their faith ([Alshehry et al., 2019](#)). This was in line with the present study, in which all the students were Muslim and highly religious.

Meanwhile, many previous studies have examined associations between various factors and religion among nursing students in other countries, with the outcomes generally found to align with the present findings. For example, a significant inverse relationship was found between religious-spiritual wellbeing and depression among Cypriot university students ([Sakellari et al., 2018](#)). According to [Lopez et al. \(2014\)](#), nursing students with greater religious convictions were more likely to experience inner calm, a sense of integration and wholeness, hope, a deeper sense of purpose in life, and optimism. This was consistent with a study revealing that religious practice and mental distress were significantly related, with students less likely to experience mental distress when participating in religious programs that promoted stress management ([Dachew, Bisetegn, & Gebremariam, 2015](#)).

To conclude, the current study findings paralleled those of previous studies in identifying an association between mental wellbeing and religiosity. The positive effects of having a high level of religiosity could attribute to good overall mental wellbeing. This result should be interpreted with caution as only a weak inverse

relationship was revealed. A more convincing and stronger result could have been produced using a larger sample size, which is recommended for future study.

## 5. CONCLUSION

Being religious and receiving family support strengthened the psychological wellbeing of the undergraduate Muslim nursing students in Malaysia. This study findings indicates how the virtual method of teaching could jeopardise mental wellbeing among students. Preventative strategies to improve students' mental wellbeing could be formulated, such as promoting counselling and mental health services, peer support, and self-help measures, as well as conducting Islamic and mental health awareness programs.

The limitations of this study are due to its cross-sectional study design as the variables could only be measured at the time, while the causal and effect relationship between mental wellbeing and religiosity could not be properly defined. These results might not be representative of Malaysian undergraduates of other religions. Future researchers could employ a longitudinal study design involving all protective factors for mental health.

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