

Spiritual Well-Being and Psychological Distress among Muslims During COVID-19: An Empirical Analysis

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Abstract

The impact of COVID-19 becoming more serious for most of the people as they are facing challenges in sustaining their financial and emotion stability. Muslims find it even more difficult due to the distractions to perform worship in the mosque during the previous period of Movement Control Order (MCO). The objectives of this study were (1) to examine the level of spiritual well-being and the level of depression, anxiety and stress among Muslims during previous MCO.; (2) To test the relationship between spiritual well-being and psychological distress among Muslim people during previous MCO. This was a non-experimental quantitative research involving 133 respondents of Muslim people who lived in Terengganu, Malaysia during previous MCO. A set of survey questions consisting of demographic information, the Spiritual Well-Being Scale (SWBS) and the Clinical Scale for Depression, Anxiety and Stress (DASS-21) were used in this study. Mean descriptive statistics were used to see the level of spiritual well-being and depression, anxiety and stress of the respondents, and correlation analysis was employed to identify the relationship between spiritual well-being and psychological distress among respondents. The findings show that the level of spiritual well-being as well as depression, anxiety and stress among Muslims in Terengganu during previous MCO was at moderate level. There was a negative relationship between spiritual well-being and depression, anxiety and stress ($r = -0.103$, $n=131$, $p < 0.01$). This indicates that Muslim people in Terengganu during previous MCO were not much affected from the psychological aspect nor spiritual well-being. However, indeed spiritual well-being

play its roles in controlling the depression, anxiety and stress even though many constraints had to be faced such as the limitation of spiritual activities in the mosque and so on. It is recommended for future research to examine deeper through mixed methods including observation and interview, especially involving older respondents.

Keywords: Spiritual Well-Being, Psychological Distress, COVID-19, Depression, Anxiety

Introduction

The Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. At a time when the world is struggling towards achieving Goal-3 Sustainable Development Goals (SDGs), it also becomes a challenge to carry out the mission of sustaining a good mental health. In few years before, the newly identified infectious coronavirus caused by a virus named SARS-CoV-2 was discovered in Wuhan, China and has rapidly spread within the country and around the world since December 2019 (Zhou et al., 2020; Kabir et al., 2020). This Coronavirus Disease 2019 then announced as COVID-19 by World Health Organization (WHO) most often causes symptoms that can feel much like a cold, a flu, or pneumonia. It may also attack more than lungs and respiratory system, hence posed significant challenges to global safety in public health (Wang et al., 2020). The systemic impact is spreading human suffering, destabilizing the global economy, and upending the lives of billions of people around the globe. Consequently, the world is facing a global health crisis unlike any other.

In dealing with mental health issues, the impact of COVID-19 is delineated as part of the important causes. Despite of the loss incurred by the firms and businesses due to the outbreak, the COVID-19 pandemic has had a profound impact on health and well-being worldwide and there is increasing recognition of the need to understand the psychological impact of COVID-19 experiences and stress in addition to the physical health consequences. The lockdown and quarantine enforcement imposed by the government may contribute more to the psychological impact such as depression, anxiety, and stress from COVID-19. The level of stress of been quarantine and staying at home may recorded to be the highest percentage as compared to stress from work and financial stress (El-Zoghby et al., 2020). It is not weird as an individual's psychological condition has the potential to change because COVID-19 changes their behaviors, habits, and patterns of social interaction with other people. Any significant change that occurs in an individual life will require them to adapt, and failure to do so will likely lead to stress (Daulay et al., 2022).

Although extensive academic research has explored the impact of COVID-19 on the human lives (such as Singh & Singh (2020); Gautam et al (2020); Mofijur et al (2020)), the impact has less been touched in the context of the relationship between well-being status and psychological impact except a study done by Cheah et al (2022) who stressed on investigating the changes in well-being before and during the Movement Control Order (MCO) in Malaysia and its association with mental health status. Against this backdrop, this study focuses to provide answers to the following research objectives: (1) to examine the level of spiritual well-being and the level of depression, anxiety and stress among Muslims in Terengganu State, Malaysia during previous MCO; (2) To test the relationship between spiritual well-being and psychological distress among Muslim people in Terengganu during previous MCO. The hypotheses formulated in this study was: 1) There is a negative correlation between depression, anxiety and stress and spiritual well-being.

Following this brief introduction, the paper is organized according to the following structure: the next section highlights the key issues in related to the impact of COVID-19 among Muslims in Terengganu. The third section then provides an insight into the current

view of COVID-19 impact which emphasizes on spiritual and psychological aspects. While the fourth section presents the research methodology followed by section of results and findings. Hence, the sixth section is the final section which concludes the study and suggests potential future research.

Muslims in Terengganu State

Statistics released by the Terengganu State Economic Planning Unit (UPEN) through the Terengganu Basic Data Book 2017, the total Malay population in Terengganu as of 2017 is 1,155,700 people out of a total of 1,221,600 people. Generally, Malays are synonymous with Islam because the definition of 'Malay' in the Federal Constitution through Article 160 (2) details the definition of 'Malay' as someone who Muslim. Thus, it is clear that the vast majority of the population in Terengganu are Muslims, which is 94.6%.

Thus, when the Terengganu State Health Director, Datuk Dr. Kasemani Embong reported that the number of patients recorded at both the Community Mental Health Center (Mentari) at the Sultanah Nur Zahirah Hospital (HSNZ) here and Wakaf Tapai, Marang was a total of 2,144 people over the year of 2020 in Terengganu, it is something crucial to worry about. She further reported that cases of depression and anxiety patients are detected higher now compared to the previous 10 years which were dominated by cases of schizophrenia and bipolar. Mental health issues are now a silent pandemic in society due to various factors including job loss, unemployment, divorce, domestic violence, abuse and others.

Literature Review

There are present studies emphasizes on the direct impact of COVID-19 on economic and health. These impact, however, indirectly contribute to the psychological distress and spiritual well-being among all group of people. The COVID-19 outbreak is not only a new extra ordinary disease but also a systemic health crisis that affects every aspect of human life in all countries around the globe.

COVID-19

COVID-19 was first reported in humans in December 2019, in Wuhan, the capital city of Hubei province in China. Its on-going outbreak is the latest global health threat. It is found highly transmissible through direct contact, droplets, and fomites (Yee et al., 2021). Thus, COVID-19 was announced by WHO as a disease on 11th February 2020 and it then declared as a pandemic disease on 11th March, 2020 due to the new virus spreading rapidly across the countries around the globe. In order to prevent further community spread, the lockdown and mass quarantine were implemented by authorities in the effort to reduce COVID-19 transmission. For instance, Movement Control Order (MCO) was imposed by Malaysian Government which involved the closure of the international border, all educational institutions, and business premises. During that period, any mass gathering was strictly prohibited. There were only selected providers of essential services allowed to operate such as food, health, telecommunication, and transportation (Kalok et al., 2022).

This worldwide pandemic restricts economic activity and poses a severe risk to overall well-being. The impact of COVID-19 on socio-economic includes higher unemployment and poverty rates, lower oil prices, altered education sectors, changes in the nature of work, lower gross domestic products (GDPs) and heightened risks to health care workers (Mofijur et al., 2020). Not only that, it also affects energy sector such as increased residential energy demand due to a reduction in mobility and a change in the nature of work. Lockdown imposed around

the globe even worsen the industrial and commercial energy demand as well as waste generation due to movement restrictions. In fact, the restrictions have placed people primarily at home which results to the unhealthy lifestyle and indirectly contribute to the mental health issue.

The COVID-19 virus and the containment measures posed a challenge to the interpersonal and community interactions that with the social distancing measures and isolation, these social relations became severely impacted. From the human existence, these social connections, interactions and relations have become integral into our life. So, if there is an absence of such connection, definitely leads to stressful states of loneliness, anxiety, depression, mental disorders, health hazards, and many other issues which impact the life of the individual and the collective society as a whole (Singh & Singh, 2020). The COVID-19 give impacts to all groups of people includes children, expected mother, workers, students, healthcare workers, patients, etc.

Spiritual Well-Being and Psychological Distress

Most of the recent studies discussed the impact of COVID-19 from the direct views of economic and health. We deviate the current impact of COVID-19 studies by looking into the spiritual well-being and psychological distress. Further, Alsukah (2020) concluded that the COVID-19 outbreak has caused public health concerns and changes in peoples' behaviours and psychological distress. The pandemic gives impacts on human behaviour, emotions, and cognition, leading to diverse reactions in relation to awareness of the disease. All groups are psychologically affected when going through this period of pandemic.

As with other countries worldwide, COVID-19 impact and lockdown contribute to severe psychological consequences among individual in Bangladesh when the prevalence rate of depression and suicidal ideation related to COVID-19 was recorded as 33% and 5%, accordingly (Mamun et al., 2020). A higher prevalence of depression, anxiety, and stress has been identified among university students (Aylie et al., 2020). Further, the pilot cross-sectional study among home-quarantined Bangladeshi students conducted by Khan et al (2020) found that the element of fear of infection, financial uncertainty, inadequate food supply, absence of physical exercise and limited or no recreational activity had significant association with stress, anxiety, depression and post-traumatic symptoms during pandemic. During the early days of the pandemic, nearly one-fourth of students experienced moderate to severe symptoms of post-traumatic stress disorder in Saudi Arabia (Alkhamees et al., 2020; Alkhamees & Aljojani, 2021) and it is found that medical students are highly worried about being infected with COVID-19 (Torun & Torun, 2020). This shows that the impact of COVID-19 is indirectly undermine human psychology. Not only that, the impact is even worst to the maternal psychological well-being when Kalok et al. (2022) found that there was a relatively low prevalence of psychological distress among expectant mothers in Malaysia during the first wave of the COVID-19 pandemic. However, it is then found to be increased over time.

It is believed to be worse than that during the third stage of lockdown. While most of the countries consider the lockdown during COVID-19 as the best way to reduce the virus transmission, the consequent of the order resulting to an immediate psychological impact. It can be seen through an immediate psychological impact among people in selected areas of Vadodara City. Most of them have moderate and severe stress with the percentage of 73.2% and 22%, accordingly (Shah & Prajapati, 2020). The same thing reported in Chinese population when Li et al (2020) who also assessed immediate psychological impact and found that there are negative emotions such as depression and anxiety, increased sensitivity to social risks as

well as decreased happiness and life satisfaction. Similarly, Paulino et al (2021) have explored the immediate psychological impact on the general population in Portugal and found that depression, anxiety, and stress were rated as moderate to severe in 11.7%, 16.9%, and 5.6% of the sample, respectively. From the results, it shows that the diseases outbreak increasingly affects the mental health of the person, increased stress among individual, and also affect the daily life of the person. Even though the quarantine and lockdown are good to restrict the virus transmission, prolonged lockdown appears to have affected the mental health of people in a very significant manner across all age groups (Gaur et al., 2021).

In terms of relationship between spiritual well-being and psychological distress, a study by Zammitti et al (2021) found that fear of COVID-19 fully mediates the relationship between psychological distress and spiritual well-being caused by a traumatic life event in terms of perception of PTSD symptoms) on Italian adults during the lockdown period. Thus, religious clerics may take up the responsibility and contribute more in terms of educating people regarding such psychological consequences in the wake of pandemics such as COVID-19 (Raza et al., 2020).

Spiritual well-being has been associated with higher levels of physical and mental health (Jafari et al., 2010; Clark & Hunter, 2019). This can be seen through a positive relationship with decreased suicidal tendencies (Haghani et al., 2013; Taliaferro et al., 2009); restraint from falling into drug abuse, decreased delinquency problems, relieved depression, increased empathy, etc. (Haghani et al., 2013; Bonab, 2005) as well as cope with COVID-19 pandemic, climate change, and future global challenges (Chirico, 2021; Coppola et al., 2021).

In assumptions, psychological impact can be seen as having relationship with human well-being. Previous study discovered that a person of spiritual well-being would tend to react to stressful situations with less distress than a person who endorsed little or no spiritual well-being (Hamizah et al., 2022). Psychosocial predictors such as gender (men), higher age, socioeconomic status, occupational status (unemployed), higher coping efficacy and trust in institutions, and positive attitudes toward quarantine measures may considered as factors to predict well-being (Prati, 2019).

Therefore, the study proposed there is a positive influence of spiritual well-being on psychological distress among Muslims in Terengganu.

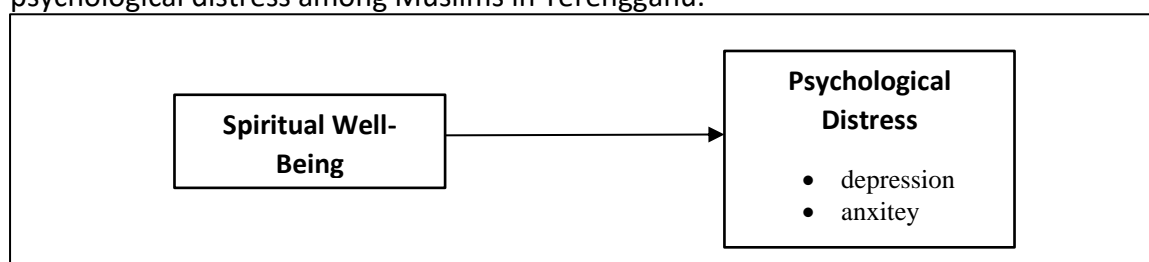


Figure 1: Proposed Conceptual Framework

Methodology

Research Design

Since this study was intended to identify the level of spiritual well-being and the level of depression, anxiety and stress among Muslims in Terengganu, as well as to examine the relationship between spiritual well-being and depression, anxiety and stress of Muslim people in Terengganu during MCO, this study is considered a quantitative approach which uses a questionnaire to collect data.

Research Population and Sample

The population in this study is Muslims in Terengganu. However, this study specifies that the Muslims participants who are 18 years and above that lives in Terengganu would be the target sample. The drawn sample must fulfil these criteria: (1) must be 18 years old and above; and (2) lives in Terengganu.

When this study was conducted, the situation was still unpredictable due to COVID-19 pandemic, thus, a snowball sampling technique was used whereby an online structured questionnaire was developed using Google forms, with a consent form appended to it. The link of the questionnaire was sent through WhatsApp application and spread among several groups especially local community groups who were advised to circulate it in the community. The participants were encouraged to forward the survey to as many targeted participants as possible. On receiving and clicking the link, the participants were auto directed to the information about the study and informed consent. After accepting to take the survey, they filled the demographic details, then answered a set of question provided. Till the end, a total of 164 responds received but only 133 proceed with data analysis.

Research Instrument

For identifying the level of spiritual well-being, instrument by Paloutzian and Ellison (1982) namely the Spiritual Well-Being Scale (SWBS) were used. It consists of 20-items of two subscales, one representing the vertical dimension (religious well -being, RWB) of 10 items, and one representing the horizontal dimension (existential well -being, EWB), of 10 items (Sohail et al., 2009; Ellison, 2006). Essentially this SWBS aims to assess an individual's subjective perceptions of their quality of life related to spirituality (Moberg & Brusek, 1978; Moberg, 1979) and is used in studies of clinical and general health cases (Koenig & Cohen, 2002). It is also not specialized in any ideology (Genia, 2001; Sohail et al., 2009). Thus it can be used in a variety of religious and cultural backgrounds, health, and in general research (Sohail et al., 2009; Musa & Pevalin, 2012).

Other than this instrument, the questionnaire in this study also required respondents to provide about Demographics (Respondent Information).

Data Analysis

The collected data were then analysed by using the SPSS device version 20. Descriptive statistics of frequencies and percentages were used to explain the profile of respondents while mean descriptive statistics were used to see the level of spiritual well-being and depression, anxiety and stress among Muslims in Terengganu during previous MCO. The mean score for each dependent variable were interpreted according to Nunnally and Berstein (1994) as shown in the table below:

Table 1

Mean Score Interpretation

Mean Score	Mean Score Interpretation
1.00 - 2.00	Low
2.01 - 3.00	Medium Low
3.01 - 4.00	Medium High
4.01 - 5.00	High

Source: Nunnally and Berstein (1994)

As regards to answer the third objective, simple linear regression was employed. Linear regression is a statistical procedure for calculating the value of a dependent variable from an independent variable. Linear regression measures the association between two variables, which in this study between demographic factors and spiritual well-being. It is a modelling technique where a spiritual well-being as dependent variable is predicted based on one or more demographic factors as independent variables.

The correlation coefficient determines the degree of correlation between two sets of marks through the numbers +1.00 to -1.00. If the numerical value is 1.00 then there is a positive unidirectional relationship. If the numerical value is -1.00 then there is a negative inverse relationship (Zikmund, 2003). The following table shows the classification of the strength of correlation between independent variables and dependent variables according to (Davis, 1971).

Table 3

Classification of the strength of correlation

Coefficient Range	Correlation Strength
0.7 and above	Very strong
0.5 to 0.69	Strong
0.3 to 0.49	Moderate
0.1 to 0.29	Weak
0.01 to 0.09	Very weak

Source: Magnitude of Correlation (Davis, 1971)

Research Findings**Descriptive Analysis: Frequency and Percentage of Study Respondent Profiles**

Table 1 below shows the demographic profiles of the respondents which include gender, race, age range, marital status, education level and career status.

Table 1

Demographic profiles of the respondents

Item	Respondent	Frequency	%
Gender	Male	60	45.1
	Female	73	54.9
Age	35 years old and below	7	5.3
	36-39 years old	40	30.1
	40-49 years old	38	28.6
	50-59 years old	35	26.3
	60 years old and above	13	9.8
Marital Status	Single	25	18.8
	Married	106	79.7
	Other	2	1.5
Education Level	University	89	66.9
	High School	37	27.8
	Primary School	5	3.8
	Other	2	1.5
Occupation	Government Sector	67	50.8
	Private Sector	22	16.7
	Self-Employment	26	19.7
	Other	17	12.9

The breakdown of respondents by gender is fairly balanced (male 45.1%, female 54.9%), and 99% of them are Muslim Malay, with majority of them aged between 36-59 years (85%). 79.7% of them already married, and 66.9% were graduated from university. Half of them are civil servant (50.8%).

Descriptive Analysis: To test the level of spiritual well-being and depression, anxiety and stress among Muslim people in Terengganu during MCO.

Table 2

Descriptive statistics mean score for spiritual well-being

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Spiritual Well-being	133	2.25	3.80	3.096	.322
Valid N (listwise)	133				

Table 2 clearly shows mean score recorded for variable spiritual well-being is 3.096 which according to Nunnally and Berstein (1994), it means the level of spiritual well-being among Muslim people in Terengganu during previous MCO is at medium high level.

Table 3

Descriptive statistics mean score for depression, anxiety and stress

Descriptive Statistics		N	Minimum	Maximum	Mean	Std. Deviation
Depression, Anxiety and Stress		133	1.00	3.67	2.029	.322
Valid N (listwise)		133				

Table 3 clearly shows mean score recorded for variable depression, anxiety and stress is 2.029 which according to Nunnally and Berstein (1994), it means the level of depression, anxiety and stress among Muslim people in Terengganu during previous MCO is at medium low.

Correlation Coefficient Analysis: To identify the relationship between spiritual well-being and psychological distress among respondents.

Correlations

		SWBS	DASS
Spearman's rho	SWBS	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	133
	DASS	Correlation Coefficient	-.103
		Sig. (2-tailed)	.238
		N	133

For second objective, the result shows that there was a negative relationship between spiritual well-being and depression, anxiety and stress ($r = -0.103$, $n = 131$, $p < 0.01$).

Discussion

The impact of the COVID-19 pandemic has affected various sectors, including causing abnormal psychological conditions, which if not handled properly, can cause distress which in turn leads to pathology (Daulay et al., 2022). This study aimed to determine the level of spiritual well-being and depression, anxiety and stress. This study also aimed to prove the relationship between spiritual well-being and depression, anxiety and stress. The results of this study supported the hypothesis proposed. The hypothesis proposed a negative correlation between spiritual well-being and depression, anxiety and stress. The Pearson product-moment correlation analysis resulted in a significant correlation and thus supported this hypothesis.

In this study, it is confirmed that medium high spiritual well-being negates the depression, anxiety and stress (which was at medium low level). Thus, this study confirmed the findings of various studies before that there was a relationship between spiritual well-being and psychological distress. For example, a study by Zammami et al (2021) found that fear of COVID-19 fully mediates the relationship between psychological distress and spiritual well-being caused by a traumatic life event in terms of perception of PTSD symptoms) on Italian adults during the lockdown period. Thus, religious clerics may take up the responsibility and contribute more in terms of educating people regarding such psychological consequences in the wake of pandemics such as COVID-19 (Raza et al., 2020).

Spiritual well-being has been associated with higher levels of physical and mental health (Jafari et al., 2010; Clark & Hunter, 2019). This can be seen through a positive relationship with decreased suicidal tendencies (Haghani, Izadi & Bahadoran, 2013; Taliaferro, Rienzo & Pigg et al., 2009); restraint from falling into drug abuse, decreased delinquency problems, relieved depression, increased empathy, etc. Haghani et al (2013); Bonab (2005) as well as cope with COVID-19 pandemic, climate change, and future global challenges (Chirico, 2021; Coppola et al., 2021). Previous study discovered that a person of spiritual well-being would tend to react to stressful situations with less distress than a person who endorsed little or no spiritual well-being [49]. Another study by Daulay, Darmayanti, Harahap and friends (2022) also prove the same findings where there was a negative relationship between stress and religiosity.

Conclusion & Recommendations

Spiritual elements has proven able to maintain Muslim well-being during the COVID-19 pandemic, especially during MCO. Various factors that might have otherwise caused depression, anxiety and stress do not have an adverse impact, because spiritual well-being can strengthen Muslims so that their well-being is maintained amid the difficult conditions. As found in this research, medium high spiritual well-being (mean score for variable spiritual well-being is 3.096) negates the depression, anxiety and stress; which was at medium low level (mean score for variable depression, anxiety and stress is 2.029). Indeed Muslims in Terengganu might affect with pandemic. However their medium high spiritual well-being managed to control their level of stress which was recorded at medium low level, as showed by the result of correlation co-efficient data there was a negative relationship between spiritual well-being and depression, anxiety and stress ($r = -0.103$, $n=131$, $p<0.01$).

This is in line with previous studies that have demonstrated spiritual well-being as a factor that brings peace and well-being. This present research implies that spiritual element proves to have impact in improving well-being, which means that the values of spiritual well-being have been internalized in Muslims so that they can accept any conditions and situations with all the consequences.

Recommendations that can be offered based on the results of this study are that the importance of spiritual well-being in coping with difficult conditions due to the COVID-19 pandemic needs to be strengthened. The positive psychological theory is relevant to be strengthen since various factors that previously could cause depression, anxiety and stress in Muslims people do not have a bad impact on causing misery, because spirituality can provide reinforcement so that their well-being is maintained in the midst of difficult conditions. Thus, if in the future there might be any other difficult times. Given the importance of spiritual well-being as a means of self-strengthening during a crisis, therefore, if in the future, any crisis occurs that affects human life as a whole, especially Muslims, then the relevant parties should prioritize an approach based on spirituality as it much helps in maintaining the well-being of the people.

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