

## International Social Science & Educational Conference 2025

*Navigating Change: Rethinking Social Science and Education in the 21st Century*

Virtual Conference, 08 Nov 2025

Organiser: CLM Publishing Resources  
Conference Series 2025

### Relationship of Religious Personality and Resilience among Muslim Nurses at Hospital Kuala Lumpur

Fauziah Hussain<sup>1\*</sup>, Siti Suhaila Ihwani<sup>1</sup>, Muhammad Talhah Ajmain @ Jima'ain<sup>1</sup>, Zahin Mohamad Tahir<sup>2</sup>,  
Muhammad Aiman Abdull Rahim<sup>1</sup>, Abdul Basit Samat @ Darawi<sup>1</sup>

*\*Corresponding Author*

<sup>1</sup> Faculty of Social Science & Humanities, Universiti Teknologi Malaysia (UTM), Malaysia

<sup>2</sup> Kolej Universiti Islam Johor Sultan Ibrahim (KUIJSI), Johor, Malaysia

ladygee.hfauziah@gmail.com, situsuhaila@utm.my, muhammadtalhah.j@utm.my, zahintahir@kuijsi.edu.my, aiman.abdullrahim@gmail.com, basit@utm.my  
Tel : 60126216676

#### Abstract

Nurses' ability to manage stress in workplace is influenced by their level of resilience. This study examined the religious personality and resilience of 404 Muslim nurses at Hospital Kuala Lumpur (HKL). Quantitative data were collected using validated instruments: the MRPI for assessing religious personality and the CD-RISC-25 for measuring resilience. Measurement evaluation in SPSS and AMOS showed an acceptable model fit and reliable constructs. The results revealed a significant positive relationship between religious personality and resilience, emphasizing the need for targeted interventions that can strengthen nurses' capacity to cope with stress in demanding healthcare environments.

Keywords: Religious personality; MRPI; CD-RISC-25; Muslim Nurses at Hospital Kuala Lumpur.

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DOI: <https://doi.org/10.21834/e-bpj.v10iSI37.7631>

#### 1.0 Introduction

Emphasis on individual resilience is often associated with religious practice because of its important role in the supportive context, helping to understand and interpret stress among Muslim nurses. The religious beliefs of Muslim nurses profoundly influence their spiritual sensitivity (Akbari *et al.* 2023). Resilience is a critical source of strength for nurses, enabling them to cope with workplace challenges and stress. Stress among nurses are linked to several adverse consequences, including burnout, job dissatisfaction, absenteeism, turnover, and stress-related health problems. A review of earlier study shows that job stress on well-being is significant for nurses and prayer of nurses contributed to alleviating job stress and enhancing well-being (Meguellati *et al.* 2019). The ability of nurses to cope with these pressures is essential, as it directly influences their professional performance and the quality of patient care. The positive impact of religious beliefs on life outcomes, suggesting a synergistic relationship between religiosity and adaptive coping (Dinh Tran Ngoc Huy *et al.* 2023).

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In the context of organizational settings, the presence of such an environment has been shown to have a positive effect on a number of key factors. These include motivation, emotional stability, and overall productivity. A study on burnout and coping strategies among nurses in Malaysia determined that organizational support strategies are significant to improve work schedules and establish post-trauma counseling to address the undesired effects of stress among nurses (Nursyahda *et al.* 2022). In addition, the supportive role of resilience in these contexts is also worthy of consideration. Increasing demands for efficiency have further intensified stress levels, and when stress becomes excessive, it may negatively affect work performance and compromise patient safety (Kabbash, 2020). This study provides a foundation for healthcare institutions to cultivate an inclusive organizational culture that respects religious diversity and actively supports employee well-being. Furthermore, the spirituality and religious coping strategies enhance adaptability and perceived support from a higher power, thereby strengthening nurses' resilience (Jafari *et al.* 2022). This integration enables healthcare professionals to recognize patients' acts of worship, understand spiritual needs, and incorporate religious considerations into care.

Addressing this under-explored domain is vital to comprehensively understanding the relationship between religious personality and resilience among Muslim nurses in professional settings. This study aims to empirically evaluate these constructs and their interrelationships to further increase understanding within religious as central determinants of resilient functioning. Specifically, the study seeks to (1) investigate the relationship between religious personality (subdimension of special worship (ritual) and general worship (*muamalat*)) and resilience of Muslim nurses at Hospital Kuala Lumpur (HKL), and (2) develop a model illustrating the perceived interconnection between these two main constructs.

#### Nomenclature

MRPI	Muslim Religiosity Personality Inventory
CD-RISC-25	Connor-Davidson Resilience Scale
EFA	Exploratory Factor Analysis
SPSS	Statistical Package for the Social Sciences
CFA	Confirmatory Factor Analysis
SEM	Structural Equation Modeling
AMOS	Analysis of Moment Structures
S/R	Spirituality/Religiosity
HKL	Hospital Kuala Lumpur
MOH	Ministry of Health
$\alpha$	Alpha Cronbach
p	Probability value indicating statistical significance
r	Correlation coefficient measuring the strength and direction of a linear relationship between two variables
B	Unstandardized coefficient
$\beta$	Standardized regression coefficient
t	Statistic/t-value
F	Statistic/F-value
R <sup>2</sup>	Coefficient of determination
Sig	Significance value (p-value)
$\chi^2$	Chi-square statistic
CFI	Comparative Fit Index
TLI	Tucker-Lewis Index
RMSEA	Root Mean Square Error of Approximation
CMIN/DF	Chi-square ( $\chi^2$ )/Degrees of Freedom (df)
IFI	Incremental Fit Index
NFI	Normed Fit Index

## 2.0 Literature Review

Religious beliefs can play a significant role in helping individuals cope with workplace stress. In Muslim nurses, adherence to religious principles may serve as a protective factor mitigating the impact of work stress. Resilience in Islam is fostered through the main principles, in which faith and trust in Allah SWT. Muslims believe that challenges are tests from Allah SWT, and they rely on their faith to overcome adversity. Similarly, self-regulation within Islamic education extends beyond mere impulse control; it involves cultivating the soul, character, and moral awareness through practices such as *taqwa*, *muhasabah*, and *muraqabah*. These practices significantly enhance self-discipline, promote empathy, and improve emotional regulation, thereby contributing to the development of individual resilience (Shukor *et al.* 2025).

Leading researchers have acknowledged the importance and influence of religion and spirituality on individual resilience for reawakening individual potential and development. Islamic worldview in Muslim Religiosity Personality Inventory (MRPI) model, stated that religious personality represents the manifestation of one's religious worldview in righteous works (*amalan saleh*) (Krauss & Azimi, 2016). This form of worship engenders values that include self-control, courage, wisdom, and fairness. It enables individuals to avoid negative traits such as anger, fear of Allah SWT, cowardice, lust, and envy. The influence of religion and spirituality on the adaptation of individuals to challenging life circumstances is a subject of interest in the field of psychology. Researchers have posited that these religious and spiritual practices provide individuals with a framework for interpreting the meaning and causes of adverse events (Tondro *et al.* 2025).

Prior literature consistently shows that religious engagement can serve as an effective coping strategy during periods of hardship or stress. Further substantial evidence supporting the use of religious coping strategies when individuals face adversity (Dolcos *et al.* 2021). Systematic review and meta-analysis of 34 observational studies were examined in association between spirituality/religiosity (S/R) and resilience (Schwalm *et al.* 2021). The findings indicated a moderate positive correlation, suggesting that higher levels of S/R are linked with stronger resilience. Importantly, S/R appears to offer key resilience resources such as meaning, purpose, and social support that help individuals manage and recover from adversity.

Resilience is a critical component of nursing management, as it fosters career longevity and contributes to the maintenance of health. The ability of nurses to cope with these pressures is essential, as it directly influences their professional performance and the quality of patients' care (Kabbash, 2020). The concept of resilience encompasses a series of psychological attributes that facilitate the ability to adapt to change, cope with challenges, manage stress, maintain focus and clear thinking, persevere despite failure, and regulate negative emotions (Connor-Davidson, 2018).

### 3.0 Methodology

HKL was selected as the primary study site due to its distinction as the largest and oldest healthcare institution in Malaysia and Southeast Asia, established in 1870. HKL has a consistent record of excellence in surgery, medicine, and clinical research at both national and international levels. As the national referral hospital and the National Transplant Resource Centre, HKL is the largest teaching hospital for medical and allied health students from public and private institutions. The hospital offers a wide range of medical specialties and subspecialties, providing comprehensive secondary and tertiary care.

The institution's distinctive scope supports the most sizable nursing workforce in the nation of whom 2,435 (91%) are Muslim, hailing from diverse regions across Malaysia. This study employed a quantitative, descriptive and non-experimental design involving 404 Muslim nurses at HKL, representing 17 percent of the total Muslim nurses in 26 clinical directorates at clinics, wards and operation theatre.

The MRPI was selected due to its proven appropriateness and comprehensive nature within the context of this study. It provides an understanding of evaluating religious experiences through the domains of behavior, and social interactions. Religious personality, measured as the independent variable, which comprises two subdimensions-special worship (13 items) and general worship (14 items). These two subdimensions of the religious personality are optional responses that can be rated on a scale of 1 to 6, where 6 represents the highest degree of frequency, and 1, the lowest. An example of a question in the special worship dimension is, "I feel the existence of God/Allah," whereas a question in the general worship dimension is, "I do not enter a person's house until I am invited."

Resilience, the dependent variable, was measured using the CD-RISC-25. The instrument has been subjected to rigorous psychometric analysis to assess its reliability and validity in various contexts. It captures five resilience-related factors on a 0-4 Likert scale. An example of a question in this scale is "I am able to adapt when changes occur."

The selection of SEM AMOS is strategic tools is user-friendly graphical interface and advanced analysis capabilities. The software's integration with SPSS facilitates streamlined data management and preliminary analysis in this study. Data analysis was conducted in two phases: preliminary analysis using SPSS (Version 25) for descriptive statistics, internal consistency (Cronbach's alpha) and EFA, followed by subsequent analysis for CFA using SEM in AMOS to establish the construct validity of the measurement model.

The data were collected following approval from the National Institute of Health, MOH Malaysia, and Ethical Committees of HKL. The questionnaires were distributed online using a random sampling approach to select participants. All participants were informed of the study objectives and provided consent prior to participation.

A research questions is to explore the issue of (1) 'Is there a significant relationship between religious personality (special worship (ritual)) and resilience among Muslim nurses at HKL?', and (2) 'Is there a significant relationship between religious personality (general worship (*muamalat*)) and resilience among Muslim nurses at HKL?'. Hypotheses is specifically framed to find answers of (1) 'There is a significant relationship between religious personality (special worship (ritual)) and resilience of Muslim nurses at HKL', and (2) 'There is a significant relationship between religious personality (general worship (*muamalat*)) and resilience of Muslim nurses at HKL'.

### 4.0 Findings

A total of 404 Muslim nurses were selected through random sampling across 26 clinical directorates. This method ensured comprehensive representation of the nursing workforce at HKL. Of the participation, 39 (10%) identified as male and 365 (90%) identified as female, reflecting a notable gender imbalance. This phenomenon aligns with broader national nursing trends, wherein the entry of male nurses into government healthcare settings commenced only in 2002.

#### 4.1 SPSS Analysis (Preliminary Phase)

The analysis (Table 1) showed the reliability coefficients ( $\alpha$ ) for the special worship subdimension at  $\alpha = .947$ ; (ii) general worship subdimension at  $\alpha = .913$ ; and resilience dimension at  $\alpha = .948$ . The score range for all the reliability coefficients ( $\alpha$ ) for the dimension of three items is from 0.90 to 0.95. This means the instrument items have consistency to measure the same construction because it has a low sampling error (Guilford, 1978).

Table 1. Coefficient Measurement

Item Scale	Items	Mean	Varian	Standard Deviation	Cronbach Alpha
Special Worship	13	66.18	97.831	9.891	.947
General Worship	14	74.54	70.532	8.398	.913
Resilience Scale	25	82.67	172.117	13.119	.948

The results of the study (Table 2) indicated that there was a positive linear correlation at the confidence level of 99%, where the  $p$ -value was below the confidence level of 1% ( $p < 0.001$ ). Special worship at  $r = .469$ ,  $p < 0.001$ . The subdimension of special worship activities has a moderate  $r$  value strength impact to resilience. General worship at  $r = .552$ ,  $p < 0.001$ . The subdimension of general worship activities has a strong significant  $r$  value strength impact to resilience.

Table 2. Pearson Correlation Analysis (Dimension of Religious personality to Resilience)

Variables	Resilience
Religious personality	
Special Worship	$r = 0.469$ ; $p = 0.000$
General Worship	$r = 0.552$ ; $p = 0.000$

The results (Table 3) indicate that religious personality factors, as measured by the specific worship and general worship subdimension, significantly contribute to the resilience of Muslim nurses, and associated with a high level of resilience; which is Special Worship contributed 68.48 percent to resilience, with a value of  $\beta = 0.323$  and  $R^2 = 0.685$ , and General Worship contributed 78.90 percent to resilience. With a value of  $\beta = 0.546$  and  $R^2 = 0.789$ .

Table 3. Multiple Regression Analysis (Subdimension of Religious personality to Resilience) (N=404)

Variables	B	$\beta$	t	p	Percent of Contribution
Constant	1.661		10.621		
*Special Worship	0.323	0.469	10.636	0.001	68.48%
Constant	0.530		1.463		
**General Worship	0.546	0.767	8.292	0.001	78.90%

\*  $F = 113.134$ ;  $R = 0.469$ ; Sig  $F = 0.001$ ;  $R^2 = 0.685$ ; \*\* $F = 68.751$ ;  $R = 0.767$ ; Sig  $F = 0.001$ ;  $R^2 = 0.789$

The results (Table 4) showed the factors of religious personality have a contribution impact of 75.70% to resilience of Muslim nurses at HKL. The subdimension of special worship (direct relation to Allah SWT-ritual) was found to have a value of  $F = 65,156$ ,  $\beta = 0.132$ ,  $p < 0.05$ , and general worship (relations with self and others-*muamalat*) was found to have a value of  $F = 65,156$ ,  $\beta = 0.373$ ,  $p < 0.05$ .

Table 4. Multiple Regression Coefficient Analysis

Variables	B	$\beta$	t	p	Percent of Contribution
Constant	1.577				
Religious personality:					
Special Worship to Resilience	0.132	0.191	3.427	0.001	Significant with value of 75.70%
General Worship to Resilience	0.373	0.427	8.030	0.001	

$F = 65.156$ ;  $R = 0.573$ ; Sig  $F = 0.001$ ;  $R^2 = 0.757$

In addition, the multiple regression analysis technique is used to determine the relationship of the variance of the independent variables (religious personality) to the dependent variables (resilience), and its measure for each one of the dimensions of religious personality to resilience (Table 5). The diagram (Figure 1) illustrates the distribution of plots (special worship and general worship) along the diagonal line, indicating the residual value is within the normal range.

Table 5. Relationship Modelling: Multiple Regression Coefficient

Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig. (0.05)
	B	Std. Error	Beta		
Personality Religiosity	Constant	.740	.256	2.894	.004
	Special Worship	.130	.038	.189	.001
	General Worship	.379	.047	.433	.000

a. Dependent Variable: Resilience

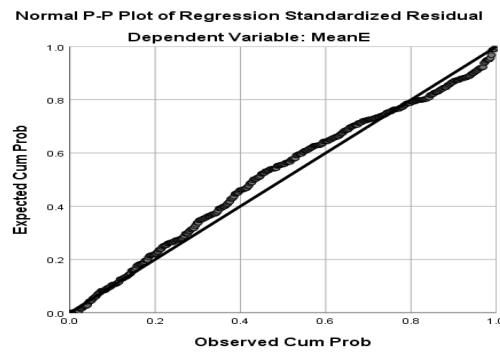


Fig. 1: Distribution of Plots on Diagonal Lines

#### 4.1.1. Hypotheses Validation

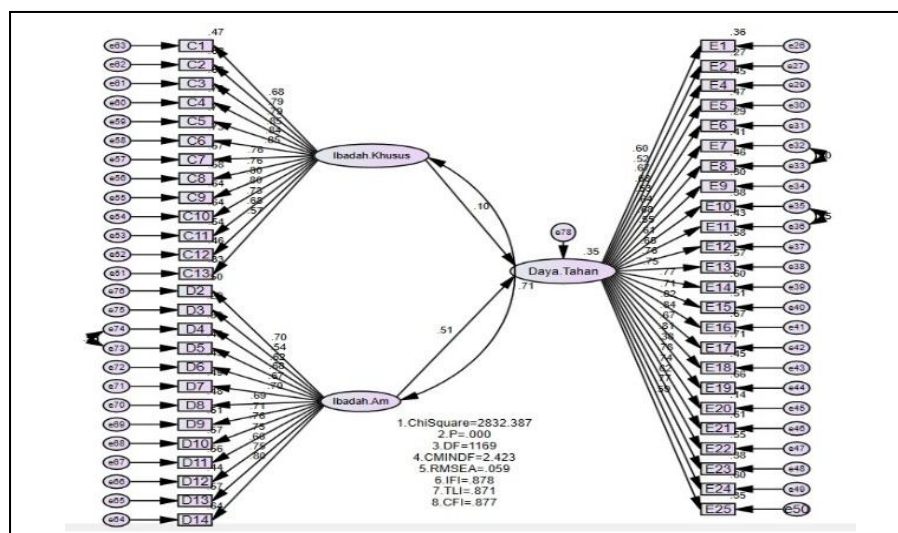
The results of this study indicate that there is a statistically significant correlation between the religious personality (subdimensions: special worship (ritual) and general worship (*muamalat*) and resilience among Muslim nurses at HKL. In conclusion, the findings of the study indicated that all dimensions of religious personality, as such both special worship (rituals) and general worship (*muamalat*), were significantly correlated with the resilience of Muslim nurses at Hospital Kuala Lumpur.

#### 4.2 SEM AMOS Analysis (Subsequent Phase)

Figure 2 presents the *Goodness-of-Fit (GoF)* results for the measurement model relationship of the religious personality and resilience among Muslim nurses at HKL. The construct of religious personality (subdimension special worship and general worship) was operationalized to the resilience. CFA was conducted to validate the factor structure and assess construct validity. Prior to conducting the CFA, assessments of univariate and multivariate normality indicated that several items exhibited extreme skewness and kurtosis, with critical ratio values exceeding  $\pm 25$ . Following the recommendations, one item from the General Worship construct (D1) and one item from the Resilience construct (E3) were removed to address severe non-normality, reduce high covariance, and improve model adequacy (Hair *et al.* 2010; Kline 2016; Zainuddin 2015). These modifications enhanced parameter estimation, resulting in a more parsimonious, reliable, and valid measurement model. The removal of these items was deemed necessary to achieve a more parsimonious and statistically robust model, thus enhancing the reliability and construct validity of the resilience measure employed in this study. The model fit was then evaluated using SEM indices, including the Chi-square statistic ( $\chi^2$ ), CFI, TLI, and RMSEA.

The measurement model demonstrated an acceptable level of fit across several key indices' recommendations (Hair *et al.* 2018). Although the chi-square statistic ( $\chi^2 = 2832.387$ ,  $p < .001$ ) suggested a lack of absolute fit, it is well-recognized that this index is highly sensitive to large sample sizes. More robust fit indices provided a clearer assessment: CMIN/DF of 2.423 fell within the acceptable threshold of  $< 3.0$ , while the RMSEA value of 0.059 indicated good fit with minimal estimation error. Incremental fit indices: CFI (0.877), TLI (0.871), IFI (0.878), and NFI (0.859) were slightly below the ideal benchmark of  $> 0.90$  for complex, multidimensional models but remained within acceptable ranges.

Overall, these results support the statistical soundness and suitability of the structural relationships among religious personality (Special Worship & General Worship), and resilience for subsequent inferential analyses. These indices adhered to the established thresholds recommended, thereby providing empirical support for the construct validity of the measurement model.



Note: Ibadah Khusus (Special Worship), Ibadah Am (General Worship), & Daya Tahan (Resilience)

Fig. 2: Confirmatory Factor Analysis (CFA) of the Model

## 5.0 Discussion

The findings indicate a statistically significant relationship between the dimensions of religious personality (specifically, special worship (ritual) and general worship (*muamalat*)) and the resilience of Muslim nurses. This relationship corroborates the alignment of the study's research questions and hypotheses. The principle of *Tawhidic* emphasizes that work conducted in accordance with Islamic moral values leads to meaningful and enduring outcomes. Religious practice thus emerges as a dynamic and relevant approach for sustaining well-being and managing workplace challenges. It is consistent with the teaching of the Prophet Muhammad SAW who was sent "to perfect noble character" (Riwayat Ahmad).

Based on the CD-RISC-25, male Muslim nurses exhibited a mean resilience score of 3.38, which the maximum score is 4. The analysis indicated that a total score of 84.62 signifies that male Muslim nurses possess a high capacity for coping with or adapting to difficulties and stress. Meanwhile, the mean resilience score of female Muslim nurses is 3.29, from the highest score of 4. A total score of 82.46 indicates that female Muslim nurses also have a high ability/skill in coping with or adapting to difficulties and stress. The data concludes that there is a positive influence of religiosity and character strengths on resilience, with a significant correlation between religious personality and resilience. The resilience practiced by them is guided by positive self-esteem, with the ability/skill to adapt to change, deal with what happens, overcome stress, stay focused and think clearly, not despair in the face of failure and deal with unpleasant feelings such as anger, pain or sadness. The task-oriented leadership, optimism, and the use of problem-focused coping strategies, rather than emotion-focused strategies, enable effective role modelling in clinical settings (Huang *et al.* 2020). No low mean scores (0 to 73.00) were recorded, indicating that Muslim nurses at HKL, by gender demographics, did not experience clinical depression, anxiety, or post-traumatic stress disorder.

Despite the significant findings, several limitations should be acknowledged. Although inclusion of sensitive religious items in this study was mitigated through careful questionnaire design, allowing participants to provide personal reflections or their experiences while maintaining ethical research standards. Self-reported measures of religiosity may be subject to social desirability bias, particularly in cultural contexts where religious practice is highly valued. Furthermore, the resilience demonstrated by Muslim nurses may be influenced by a multitude of cultural and social factors, including but not limited to family support, collectivist values, and organizational culture. These factors were not adequately addressed in the present study. The cross-sectional design of the study also imposes limitations on the interpretation of causality. Therefore, the recommendation is for longitudinal studies to be conducted to achieve a more complete clarification of the relationship between religiosity and resilience.

## 6.0 Conclusion and Recommendations

Theoretically, it underscores the importance of fostering an inclusive organizational culture that respects religious values and cultural diversity to enhance employee well-being. Failure to address occupational stress among public servants may lead to long-term psychological and organizational consequences, as inadequate organizational support can impair employees' stress management and negatively affect both staff and service delivery.

Practically, the findings of this study offer valuable reference points for future researchers, policy-makers, curriculum accrediting bodies, academics, and healthcare professionals, both in the public and private sectors. It provides support for efforts to enhance resilience based on religious internalization, contributing to the sustainability and professional endurance of nursing—a key pillar in delivering effective healthcare services to the public. Such efforts align with the increasing societal expectations and confidence in the quality, safety, and wellbeing of healthcare services provided by public hospitals.

Building resilience among various categories of healthcare personnel—including specialists, medical officers, pharmacists, radiologists, physiotherapists, and frontline service officers at hospital counters is crucial. Targeted studies focusing on these clinical groups could help identify protective factors that shield them from occupational hazards such as fatigue, anxiety, and depression. Whether resilience is acquired naturally or through structured learning, the ability to manage and overcome workplace stressors and adversities can be developed and strengthened.

The effectiveness and quality of healthcare service delivery which largely rests in the hands of these clinical personnel. It can be significantly improved when they possess sincere emotional commitment, uphold integrity and accountability in their duties, and take joy in providing care, all while working in a stress-free and mentally healthy environment.

Future research should also consider exploring and understanding resilience among nurses of various religious backgrounds, working in different healthcare settings such as facilities located across different states and districts and based on distinct constructs. These may include the specific roles within clinical departments or the influence of particular religious practices, to gain deeper insights into how resilience functions among healthcare workers in diverse environments.

## Acknowledgements

The authors would like to thank the Director General of Health Malaysia for the permission to publish this paper. This study is not funded by any organization.

## Paper Contribution to Related Field of Study

This paper contributes to the related field of study, particularly in enhancing the necessity for customized resilience-building initiatives within healthcare settings.

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