Global Scientific JOURNALS

GSJ: Volume 7, Issue 12, December 2019, Online: ISSN 2320-9186
www.globalscientificjournal.com

The Effectiveness Of *Syifa* Exercise Module Towards The Psychological Well-Being And Quality Of Life Among Teachers In Kuala Terengganu

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Abstract

Psychological well-being and quality of life are important aspects of ensuring individual welfare as a whole. Nevertheless, psychological or mental problems often affect humans/people, regardless of their profession and teachers are no exception. Teachers today are frequently wound up either due to the school environment, workload or family stresses. This study aims to utilize/employ the *Syifa* exercise module to address this problem and improve the teachers' psychological well-being and quality of life in Kuala Terengganu, as well as to test the effectiveness of the module. This research project is made up of two distinct phases. The first phase of the study focused on the development of the *Syifa* exercise module specifically its module content, expert evaluation, and pilot study. The second phase then evaluated the module based on the quasi-experimental method. Samples based on inclusive criteria were randomly placed either in the treatment group or controlled group. The treatment/experimental group was exposed to the *Syifa* exercise whereas, the controlled group performed an exercise regime endorsed by the Ministry of Health Malaysia. Both groups continued the respective exercises for three months. The level of psychological well-being was then tested using the Ryff's Psychological Well-Being Scale while the quality of life was tested using the World Health Organization's Quality of Life Scale (WHOQOL-BREF). Pre and post-intervention assessments were done to gauge the teachers' level of psychological well-being and quality of life. The data were analyzed using repeated measures, ANCOVA tests. The findings showed significant differences in the mean between teachers' psychological well-being and quality of life in the pre and post-intervention assessments for both treatments/experimental and control groups. The means that were recorded post-intervention exhibited a clear-cut difference of teachers' psychological well-being and quality of life between treatment and control group. Overall, there was a pragmatic rise in mean value within the treatment group in comparison to the controlled group's psychological welfare and quality of life. The results of this study demonstrated the effectiveness of the implementation of the *Syifa* exercise module in improving the psychological well-being and quality of life of teachers in Kuala Terengganu. It is expected to be widely used to overcome psychological and mental problems among Malaysia citizens.

Keywords: Psychological Well-Being, Quality Of Life, teachers

1. Introduction

Highly competitive conditions of today's global world put workers under a lot of stress. The teaching profession has been categorized as an occupation at high risk of stress (Chan and Hui, 1995; Pithers and Forgaty, 1995). The Health and Safety Executive (2000) in the United Kingdom reported that teaching was the most stressful occupation, compared to other occupations, such as managing, nursing, and professional and community service occupations. It was also reported that two out of five teachers in the United Kingdom experienced stress, compared to one in five workers from other occupations. Consequently, this stress influences the Psychological Well-Being (PWB).

According to Reis, Araújo, Carvalho, Barbalho, & Silva (2006), teaching at primary and secondary education level put higher emotional rates compared to other formal profession in Brazil. This is supported by the idea launched by the International Labour Organization (Organisation Internationale du Travail [OIT], 1981) that teaching is a profession with high physical and mental risk levels. This phenomenon was not only revealed at Brazil, United Kingdom and Hong Kong, but it becomes an international phenomena including Malaysia.

There are various methods of intervention that has been carried out by various researchers to overcome psychological well-being issues such as exercise, Mindfulness Based Therapy, Meditation and clinical therapy. This current research highlighted *Syifa* Exercise Module as an intervention method to improve psychological well-being and quality of life among teachers. This module is a modified version of existing exercise steps which consist of breathing, stretching and relaxation exercise. A few *Dzikir* was applied in this module to bring up spiritual aspects in this intervention method. So that the main objective of this research is to evaluate the effectiveness of this module in order to improve psychological well-being and quality of life among respondents.

1.1 Psychological Well-Being

Psychological well-being can be defined according to individual judgment towards his life, evaluation toward condition and expected value based on past experience and achievement in life (Tamara Turashvili and Marine Turashvili, 2015). It is supported by Goldberg et al., (1997), psychological well-being is understood as individuals' personal evaluation about their experiences of emotional tension, depression, anxiety, somatic symptoms, insomnia, social skills and skills to cope with adverse situations. Otherwise, World Health Organization (2003) has defined that psychological well-being as individual who is physically and mentally healthy and able to maintain positive relationship with others, take part in society's program and able to contribute to society as well. So that, we can conclude that psychological well-being can be referring to individual who is physically and mentally healthy and have positive judgments toward him and the surrounding environment.

Ryff (1989), see psychological well-being as an attempt to realize the potential of the individual, the development of individual potential and actual capabilities. She has distinguished six core dimensions and also developed an instrument that is now widely used by researchers. The

theoretically derived dimensions of positive psychological well-being included *Autonomy*: Self-determination, independence and regulation behavior from within, *Environmental Mastery*: The ability to develop in the world and change it creatively by engaging in physical or mental activities, *Personal Growth*: Developing one's capacity to grow and expand from birth to death, *Positive Relation With Others:* Having close interpersonal relation based on trust and ability to love others, *Purpose in Life*: Having intentions, goals, and self-direction, and *Self-Acceptance*: The center of psychological well-being, characteristic of self-actualization, optimal functioning and maturity.

Current issues on teachers' psychological well-being are on rise. According to Espinoza (2015), the finding from an online survey among 3500 teachers in England, Wales, Scotland, and Northern Ireland reported that 84% of them claim that their health and well-being have been negatively affected by their job in the last 12 months. Compared to the year 2014, the percentage rose by 4%.

Teachers' psychological well-being can be affected by various job-related issues especially high level of stress. According to Osman (2015), recently in Malaysia, the Minister of Education had stated that over 420,000 teachers across the country are experiencing occupational stress, which affected their focus on teaching. The cause of teachers' stress is mainly due to their great amount of workload in school. Eres & Atanasoska (2011), found that teachers experience more stress compared to other profession due to the handful of task at work, poor results among students and discipline problem among students.

1.2 Quality of Life

The World Health Organization (WHO) has defined Quality of Life (QOL) as an individual's perception of their position in life, in the context of culture and value system in which they live and their relationship to the goals, expectations, standard and concerns. WHO has outlined four key elements that affect quality of life. These elements are psychological, physical health, social relationships and environment. In the other way, the determination of one's quality of life is influenced by the internal and external aspect of a person that's come from the environment.

In Malaysia's context, Omar (2009) mentioned that QOL encompasses the fulfillment of human needs such as a satisfactory material life, health, education, security, living in a clean environment and also the enjoyment of the aesthetic and spiritual needs. Malaysia has outlined ten key components that affect the quality of life of an individual in the Malaysian Quality of Life Index. These components are income and distribution, work environment, transport and communication, health, education, housing, environment, family life, social inclusion and public safety.

The study by Louis (1998) showed significant positive relationships between quality of life and teachers' commitment. The nature of work stress, dissatisfaction, negative effects, and the classroom environment may have negative impacts on teachers' feelings, emotions, and behaviors (Waugh & Hyde, 1993). Study by Ho (1996) found that teachers with high levels of stress had lower job satisfaction that can negatively affect their quality of life.

1.3 *Syifa* Exercise Module

This module is an adaptation of exercise techniques published by the Division of Health Education, Ministry of Health Malaysia (2017). It is comprised of three main phases: body heating, relaxation and stretching activities. Researchers have refined the technique into a new spiritual practice by adding appropriate *zikir* to the movement and also adding some new steps adaptation of movement in prayer that are good for physical health and psychological well-being.

This *syifa* exercise module incorporates *zikir* elements in the exercise by incorporating the words *tasbih* (Subhanallah), *tahmid* (Alhamdulillah), *tahlil* (Lailahaillallah) and *takbir* (Allahuakbar) in the exercise technique. *Zikir* has many benefits to humans' well-being. According to Muhd Abd. Ghani (1998), *Zikir*, Quranic verse, and prayer are true remedies for restless, anxious and depressed and many other health problems.

From the point of view of psychiatry, *dzikir* is a higher level of therapeutic psychology than any other psychotherapy. *Dzikir* works as a method of psychotherapy because it can make the heart calmer, calm and peaceful and makes the person stronger from it (Darokah & Safaria, 2005). Hawari (2005), states that human's overall health is driven by physical (biological), mental health (psychological), social health and spiritual health. The spiritual health, especially the Muslims, can be attained by *dzikir* because it is an effort to draw closer to God.

2. Method

2.1 Study Design

This study used a quasi-experiment study design. Quasi-experiment method often used in order to test the effectiveness of module, before and after intervention.

2.2 Participants

Participants of this study were 70 secondary schools teachers in Kuala Terengganu, Terengganu. The participants were chosen by convenient sampling method and they are voluntarily involve in this study.

2.3 Instruments

1) *Ryff Scale of Psychological Well-Being.* The Ryff Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. This instrument consists of 54 items reflecting the six areas of psychological well-being: autonomy, environmental mastery, personal growth, positive relation with others, purpose in life, and self-acceptance. Respondents rate statements on a scale of 1 to 5, with 1 indicating strong disagreement and 5 indicating string agreements. According to Tricia (2005), all scales domain of psychological well-being showed satisfactory internal consistency (positive relation with others: $\alpha = .91$, autonomy: $\alpha = .86$, environmental mastery: $\alpha = .90$, personal growth: $\alpha = .87$, purpose in life: $\alpha = .90$ and self-acceptance: $\alpha = .93$).

2) *World Health Organization Quality Of Life* (WHOQOL-BREF). The WHOQOL-BREF consist of 26 questions covering four domains of factor contributing to quality of life – physical

health, psychology, social relation and environment. This instrument also includes 2 general questions about quality of life. Respondents rate statements on a scale of 1 to 5. According to Hasanah Che Ismail (2002), all scales domain and general questions of quality of life showed satisfactory internal consistency (physical health: $\alpha = .95$, psychology: $\alpha = .93$, social relation: $\alpha = .89$, environment: $\alpha = .95$, general questions of quality of life: $\alpha = .84$).

2.3 Procedure

Data Collection- Initially, the school's principal were contacted to obtain the permission data collection process with the teachers at their school. During that meeting, they had received deep explanations about the objectives of the study, the benefits of the study and the procedure for data collection. The questionnaires were distributed to the selected respondents and they were given one week of time to fill up the questionnaire in order to avoid from disturbing them with their work and to give a space for them fill up the questionnaire sincerely without rush and stress in baseline phase in order to know their level of psychological well-being and quality of life before the intervention.

Intervention- The respondent was divided into two groups which are treatment group and control group. The treatment group was supplied with a set of syifa exercise modules, while the control group was supplied with a set of basic exercise modules for three months of practice. After that period, they were re-evaluated using a set of questionnaire forms.

Data Analysis- For data processing, Statistical Package for Social Sciences (SPSS) version 20 was used. Repeated Covariance (ANCOVA) analysis was used as the statistical analysis in this study. Repeated ANCOVAs were used to address the specific objectives of the study, which were to identify differences in psychological well-being and quality of life before and after intervention (time effects) and subsequently to identify differences in psychological well-being and quality of life between treatment group and control group (treatment effect).

3. Results

Data were systematically analyzed by using Statistical Package for Social Sciences (SPSS) version 20 software. The background of the respondents, level of psychological well-being and quality of life before and after intervention (time effect), and level of psychological well-being and quality of life between treatment group and control group (treatment effect) were determined according to the tables below.

Table 1: Background of The Respondents

Variables		Treatment Group		Control Group	
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Sex	Male	15	42.86	12	34.29
	Female	20	57.14	23	65.71
	Total	**35**	**100**	**35**	**100**
Age	20-30 years old	3	8.57	2	5.71
	31-40 years old	12	34.29	15	42.86
	41-50 years old	20	57.14	18	51.43
	51 years old and above	0	0	0	0
	Total	**35**	**100**	**35**	**100**
Income	RM3000 and below	0	0	0	0
	RM3001 – RM4000	0	0	0	0
	RM4001 and above	35	100	35	100
	Total	**35**	**100**	**35**	**100**
Level of Education	Diploma	0	0	0	0
	Degree	35	100	35	100
	Master	0	0	0	0
	Total	**35**	**100**	**35**	**100**
Marital Status	Single	0	0	0	0
	Married	35	100	35	100
	Divorced	0	0	0	0
	Total	**35**	**100**	**35**	**100**

3.2 Level of Psychological Well-Being And Quality of Life Before and After Intervention (Time Effect)

Table 2 shows that there was a significant difference in psychological well-being between pre- and post-test (time effects) for both control and treatment groups after controlling for age factors as covariates ($F = 8.76$, $P < 0.001$). The findings indicate that there was a significant difference for the treatment group (pre-test - post-test; mean difference = -0.27, 95% CI: -0.41, -0.14; $P < 0.001$). Similar results were obtained by the control group (pre-test - post-test; mean difference = -0.11, 95% CI: -0.17, -0.06; $P < 0.001$). In conclusion, there was a significant difference in mean psychological well-being scores for treatment groups and control groups in terms of time effects

Table 2: Psychological Well-Being Differences in Mean By Time (Time Effects) For Treatment Group and Control Group

Time	Treatment Group (n=35)		Control Group (n=35)	
	Mean Difference (95%CI)	p-value	Mean Difference (95% CI)	p-value
Pre-treatment - Post-treatment	-0.27 (-0.41, -0.14)	<0.001	-0.11 (-0.17, -0.06)	<0.001

Repeated ANCOVA analysis between groups was used followed by pairwise comparisons with Bonferroni intervals.
Significant levels were set at 0.05 (2-way).
Covariate factors (age) were controlled using repeated measures ANCOVA.

There was a significant difference in mean quality of life between pre and post-test (time effects) for both control and treatment groups after controlling for age factors as covariates (F = 7.15 P <0.001). Table 3 shows the findings where there was a significant difference for the treatment group (pre-test - post-test; mean difference = -0.48, 95% CI: -0.68, -0.29; P <0.001). Similar results were obtained by the control group (pre-test - post-test; mean difference = -0.35, 95% CI: -0.48, -0.21; P <0.001). In conclusion, there was a significant difference in mean quality of life scores for the treatment and control groups in terms of time effects

Table 3: Quality of Life Differences in Mean by Time (Time Effects) For Treatment Group and Control Group

Time	Treatment Group (n=35)		Control Group (n=35)	
	Mean Difference (95%CI)	p-value	Mean Difference (95% CI)	p-value
Pre-treatment– Post-treatment	-0.48 (-0.68, -0.29)	<0.001	-0.35 (-0.48, -0.21)	<0.001

Repeated ANCOVA analysis between groups was used followed by pairwise comparisons with Bonferroni intervals.
Significant levels were set at 0.05 (2-way).
Covariate factors (age) were controlled using repeated measures ANCOVA.

3.3 Level of Psychological Well-Being and Quality of Life between Treatment Group and Control Group (Treatment Effect)

The analysis results showed that the difference in mean score of psychological well-being between treatment group and control group regardless of time factor was significant at p = 0.004 after controlling for age factor. Comparison between couples showed that the mean psychological well-being score of the treatment group (4.00.) was higher than that of the control group (3.86).

Table 4: Differences in Psychological Well-Being Scores between Groups (Treatment Effect) Regardless of Time by Controlling Age Factors

Differences	Mean Score (95% CI)	Mean Differences (95% CI)	F-stat (df)	p-value
Control (n=35)	3.86 (3.77, 3.96)	-0.14 (-0.28, -0.004)	4.19 (1)	0.045
Treatment (n=35)	4.00 (3.91, 4.10)			

Repeated ANCOVA analysis between groups was used followed by pairwise comparisons with Bonferroni intervals.
Significant levels were set at 0.05 (2-way).
Covariate factors (age) were controlled using repeated measures ANCOVA.

Table 5 shows the difference in mean score of quality of life between groups (treatment effect) regardless of time by controlling for age factors. The analysis also showed that the mean difference in mean score of quality of life between treatment group and control group regardless of time factor was significant at $p = 0.033$ ($p < 0.05$) after controlling for age factor. Comparison between couples showed that the mean quality of life score of the treatment group (3.97.)wWas significantly higher than that of the control group (3.81).

Table 5: Differences in Quality of Life Scores between Groups (Treatment Effect) Regardless of Time by Controlling Age Factors

Differences	Mean Score (95% CI)	Mean Differences (95% CI)	F-stat (df)	p-value
Control (n=35)	3.81 (3.70, 3.91)	-0.16 (-0.31, -0.01)	4.72 (1)	0.033
Treatment (n=35)	3.97 (3.86, 4.08)			

Repeated ANCOVA analysis between groups was used followed by pairwise comparisons with Bonferroni intervals.
Significant levels were set at 0.05 (2-way).
Covariate factors (age) were controlled using repeated measures ANCOVA.

3.5 Limitation of The Study

This study is limited to the teachers in district of Kuala Terengganu only, due to the time constraints and budget. Therefore, the findings of this study are still not strong enough to be generalized to all teachers in Malaysia.

4. Discussion

The main objectives of this study are to evaluate the effectiveness of syifa exercise module as an intervention method to improve psychological well-being and quality of life among teachers in Kuala Terengganu. The finding of this study shows that there is a significant difference in the mean value of psychological well-being in both study group and in terms of time comparison. For the treatment group which undergoing syifa exercise, the results showed a significant increase in psychological well-being in two forms of comparison, in terms of treatment and control groups,

as well as in time and pre-treatment comparisons. The data obtained showed that mean difference in mean (0.27) overall psychological well-being increased significantly ($p < 0.001$) for the intervention group after undergoing syifa exercise treatment.

For the control group, similar results were obtained where data showed a significant increase in mean (0.35) of psychological well-being ($p < 0.001$) between before and after treatment. This finding supports the hypothesis of thid studies that there were significant differences in psychological well-being between before and after intervention for both groups, namely treatment groups and control groups in terms of time effects.

For between-group analysis, the comparison between treatment group and control group regardless of time factor also revealed significant mean difference. This is reflected in the difference in mean values obtained based on the Ryff Psychological Well-Being Scale between the two groups after the intervention. The treatment group undergoing the shifting exercise method showed higher mean values (4.00) than the control group (3.86) undergoing the standard exercise method.

The findings of this study are consistent with a previous study conducted by Kettunen (2015) on 371 Turkish workers. The findings of the study found that intervention methods through exercise activities have successfully improved the psychological well-being of workers. He found that the respondent's stress symptoms in the treatment group were decreasing and work capacity, leisure time activities and cardiovascular fitness were increased after the intervention and the positive mood continued until the follow-up period.

The findings of this study are also consistent with the study by Anne et al. (2015), who use zumba exercise as a method of intervention in improving psychological well-being. The findings of the study showed that the eight-week zumba exercise method had a positive effect on respondents' psychological well-being in terms of their perceptions of self, autonomy and goals in life.

This finding is also supported by Widuri (2014), who found that *dzikir* has relaxation ability that can reduce stress and bring about peace of mind. Another study by Lulu (2002), showed that *dzikir* is able to penetrate the body even to the whole cell and the human body. In meditation, the individual will feel at ease and relax until the stress arising from unfulfilled spiritual or physical demands will be reduced and fully overcome. Hawari (2005), found that religious activities such as prayer and *dzikir* have reduced the risk of heart disease and hypertension

5. Conclusion

This study has contributed to another new method of intervention in addressing issues of psychological well-being and quality of life. The modules proposed in this study were found to be effective in improving the psychological well-being and quality of life of the study respondents. The methodology of this study has been adapted from previous studies to achieve the objectives of the study. However, differences in study sample, duration of intervention and method of intervention may influence the findings.

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