

The Association between Religiosity / Spirituality and Well-Being: A Systematic Literature Review

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ABSTRACT

The empirical study of well-being in Malaysia has been growing, with most researchers currently investigating the impact of religiosity/spirituality as antecedents, mediators or moderators that can influence well-being. However, scholars also debate whether the measurement of religiosity/spirituality and well-being must be conceptualized and handled differently when used in Malaysia, which is multicultural and multireligious. This systematic literature review aims to analyse the instruments used by the latest researchers to measure religiosity/spirituality and well-being, with a focus on Malaysian participants. Guided by the PRISMA Statement (Preferred Reporting Items for Systematic reviews and Meta-Analyses) review method, 14 documents from the last fifteen years were selected from the Scopus database. Findings have identified five measurements of well-being, and seven measurements of religiosity/spirituality. The results of this study are expected to assist future researchers in the use of more accurate instruments in measuring religiosity/spirituality and well-being, especially for studies that will be conducted among the multi-racial Malaysian society. This paper also identifies research gaps and proposes an agenda for future research.

Keywords: religiosity; spirituality; systematic review; well-being

INTRODUCTION

The concept of well-being is vast and diverse, encompassing subjective well-being, economic well-being, psychological well-being, personal well-being and physical well-being. Sometimes, researchers also consider life satisfaction (Noor, 2008; Imam et al., 2009; Rakrachakarn et al., 2013) and happiness (Achour et al., 2017) as part of well-being. Many recent studies (Makridis et al., 2020; Sabri et al., 2021; Wu et al., 2020) found a significant correlation between spirituality and religiosity and well-being. Religion and spirituality are essential in the healing process of mental illness and can protect individuals from addictive or suicidal behaviour (Ibrahim et al., 2019; Noor, 2008; Unterrainer, Lewis, & Fink, 2014). From the past findings, it is reasonable to admit that the spiritual belief system enhances coping ability, ultimately affecting psychological well-being.

Some researchers consider that religiosity may protect psychological well-being during an unpleasant experience (Momtaz, Hamid, & Yahaya, 2009). However, a study (Walker, 2009) found that spirituality positively predicts subjective well-being and psychological well-being. Still, religiosity was not found to have a significant relationship with subjective well-being or psychological well-being. A proper understanding of this connection is still questionable and open to different interpretations. Moreover, as a complex phenomenon, the limited

approaches make it difficult to integrate their standard components and quite challenging to investigate.

Given the increased interest in spirituality and religiosity and its potential to influence one's well-being, it remains unclear whether the instruments used by previous researchers to measure religiosity/spirituality and well-being are suitable to be adopted in Malaysian context given its multi-racial and multi-religious society. Therefore, we systematically review the existing literature by framing the discussion on how well-being and religiosity/spirituality are measured. We also aim to identify the other variables being studied together with religiosity/spirituality to improve well-being.

Although there is a large pool of literature on the influence of religiosity/spirituality on well-being (Abdel-Khalek, 2010; Achour et al., 2016, 2017; Achour, Mohd Nor, et al., 2015; Chesser et al., 2018; Chokkanathan, 2013; Harris, 2001; Imam et al., 2009; Kaliampos & Roussi, 2017; Makridis et al., 2020; Michaels et al., 2021; Noor, 2008; Sabri et al., 2021; Treas et al., 2011; Vinson, 2013; Wu et al., 2020; Zhang et al., 2014), efforts to systematically review these studies regarding the instruments used to measure both constructs are still limited. It should also be emphasized that there is no comprehensive study on the comparison of the instruments used to measure well-being and religiosity/spirituality, especially in the Malaysian context.

Compared to the traditional literature review, a systematic literature review (SLR) involves an organized, transparent, and replicable procedure at every step in the process (Higgins et al., 2011). It allows the reader to focus on the merits of every decision made by the authors, starting from the process of finding the potential articles, compiling the information to extracting and analysing data. In addition, traditional literature reviews also do not describe in detail the review procedures, including identification, screening, and eligibility, as practiced in SLR. Thus, this study was conducted to close the research gap through an in-depth discussion of the instruments used to measure well-being and religiosity/spirituality. The questions that define our research are:

Research Question 1: What are the instruments used to measure well-being?

Research Question 2: How contemporary researchers measure religiosity/spirituality?

Research Question 3: What are other essential elements being studied together with religiosity/spirituality to improve well-being?

The answers to these research questions will lead to a critical expansion of recent contributions, integrating different concepts within the field and new proposals of how well-being and religiosity/spirituality should be measured, particularly in the context of a multi-racial and multi-religious society. The focus lies in the exploration of what has been investigated so far. The focus will be further explained by providing an up-to-date overview of current topics.

Definition of Major Concepts

Well-being

Subjective Well-being

Subjective well-being, as defined by Shane and Snyder (2011), refers to an individual's cognitive and affective evaluations of their life, based on emotional responses and judgments of satisfaction and fulfillment. It encompasses both positive and negative emotions, as well as overall life satisfaction. Past research, particularly in the early twentieth century, has focused on measuring subjective well-being. For example, Flugel studied individuals' moods by having them record emotional events and summarize their reactions. This research has laid the foundation for current studies seeking a deeper understanding of subjective well-being in the field of psychology.

Economic Well-being

Researchers examine individuals' economic well-being by investigating their monetary levels, which are

categorized into different groups based on income and poverty status (Aassve et al., 2008). Fuentes and Rojas (2001) suggest that higher income levels can contribute to greater well-being as they fulfill various needs. However, their study findings do not support the notion that higher income guarantees higher life happiness. Mullis (1992) supports this view, stating that income alone is an insufficient measure of well-being due to the influence of other factors. Conversely, another study by Tay and Diener (2011) exploring the fulfillment of basic human needs and well-being found a positive relationship between household income and well-being, particularly within the context of family.

Psychological Well-being

Psychological well-being, as defined by Ryff (1995), encompasses more than just the absence of stress and mental problems. It involves having a positive self-regard and self-acceptance. Individuals with good psychological well-being are competent in their pursuits, recognize their personal needs and values, and exhibit expertise in their chosen areas. Ryff identifies four key dimensions of psychological well-being: positive relationships with others, autonomy or personal independence, a sense of purpose in life, and a desire for personal growth. Additionally, research by Avey, Luthans, Smith, and Palmer (2010) suggests that psychological well-being is influenced not only by personal values but also by one's work life. Correlational studies indicate that mental and physical health, as well as life satisfaction, have a significant impact on individuals' pleasure and optimistic attitudes towards life.

Personal Well-being

Ellison (2011) highlights the detrimental impact of stress on personal well-being, which can be counteracted through religious belief and practice. Casas et al. (2012) emphasize the influence of various factors in determining personal well-being. The research indicates that several determinants differentiate individuals who experience personal well-being from those who do not. These factors include a sense of comfort when facing new experiences, sustained feelings of happiness and satisfaction with life, and a positive relationship with religious beliefs. These elements contribute to the overall enjoyment of personal well-being.

Physical Well-being

Centeio et al. (2020) conducted a study demonstrating that involvement in various physical activities among younger adolescents is associated with better physical health and higher academic performance. Additionally, Fritz (2020) found a significant correlation between humor and physical well-being, suggesting that being funny and engaging in humor contributes to improved physical well-being. Fritz and Gallagher (2020) emphasize the connection between physical well-being and an individual's physical health. They argue that individuals who possess control over their environments and effectively manage risk and stressors are more likely to maintain good physical health. Moreover, evidence suggests that a healthy physical state can contribute to increased longevity (Fritz & Gallagher, 2020).

Life Satisfaction

Research suggests that religious coping, family-work interference, materialism, empowerment, and cultural factors influence life satisfaction. Hassan et al. (2010) found a positive relationship between family-work interference and life satisfaction in Malaysia. Rakrachakarn et al. (2015) noted that Malaysian Malays' life satisfaction was not influenced by materialism due to their strong adherence to Islamic teachings. Hossain et al. (2019) found that education, household income, and quality of living affect life satisfaction, especially for women who benefit from empowerment. Sabri et al. (2021) observed that Malaysian single mothers' life satisfaction is higher when they have control, religiosity, and financial capability. However, Khan (2013) reported lower life satisfaction among female Indians in North India due to cultural expectations, but religious engagement was beneficial for both genders.

Happiness

Happiness is a constructive reaction with significant influence on physical, mental, and emotional well-being

(Ziapour, Dusti & Asfajir, 2014). In Islam, happiness is associated with serenity of mind, comfort, and a relaxed mood (Achour et al., 2017). Religious commitment in Islam plays a vital role in increasing happiness levels among individuals (Achour et al., 2017). Research supports the idea that religious people, regardless of their specific beliefs, tend to have better health and happiness (Kent et al., 2021; Yiengprugsawan et al., 2012). Positive religious coping strategies and emotional self-care contribute to happiness (Sharif Nia et al., 2017). Devout individuals are often less materialistic and find greater satisfaction in life (Rakrachakarn et al., 2015). Materialism's impact on happiness varies based on race and belief (Rakrachakarn et al., 2015).

Religiosity and Spirituality

Religiosity

Religiosity encompasses various dimensions such as formal and informal religious support, religious coping, closeness to God, obedience to religious teachings, and involvement in religious activities (Noor, 2008). In Malaysia, religiosity is closely tied to ethnicity, with Islam being the most prevalent religion (60.4% of the population), followed by Buddhism, Christianity, Hinduism, and other traditional Chinese religions (Htut et al., 2007). Malaysians willingly embrace and devote themselves to their professed religion, adhering to its rules, ethics, and teachings. Studies have found a positive association between religiosity and subjective well-being (Makridis et al., 2020; Wu et al., 2020).

Spirituality

Spirituality is often assessed using instruments designed for measuring religiosity. It encompasses matters related to the spiritual realm, including spiritual attributes. In this study, spirituality is defined as the state and nature of the spiritual aspect. It pertains to non-bodily entities, the rational soul, virtues that influence behavior, and supernatural gifts bestowed by a higher power. The study emphasizes that spirituality involves feeling connected to something that imparts meaning and purpose to life, and it is associated with inner freedom, balanced well-being, and peace of mind.

METHODOLOGY

Study Design

A systematic review was conducted on the recent scientific production (i.e., published papers over the last ten years), following Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) 2020.

Literature search

The current study relied on the Scopus database as it is one of the largest abstract and citation databases of peer-reviewed literature with N22,800 journals from 5000 publishers worldwide. A literature search using the Scopus database was conducted between April 2021 and May 2021 to capture publications that cover religiosity/spirituality related to well-being.

Search Term

The search action was conducted using the Scopus database, covering an inclusive range of social science journals. The search term was selected to represent a broad spectrum of religiosity/spirituality and well-being. The first search stream included subjective well-being dimension in agreement with several keywords for determinants. The keywords had to be in the article's abstract, title, or keywords to specify the search stream. In addition, the keywords religiosity and spirituality were added. As a result, the first Boolean search string used for the systematic review process is:

TITLE-ABS-KEY (("wellbeing" OR "well-being" OR "subjective well-being" OR "psychological well-being" OR "spiritual well-being" OR "happiness" OR "econom* well-being" OR "econom* wellbeing" OR "finance* wellbeing" OR "finance* well-being" OR "quality of life" OR "life satisfaction" OR "satisfaction" OR "personal satisfaction") AND ("religiosity" OR "religion" OR "religious" OR "spiritual*")).

Inclusion and Exclusion Criteria

The searches were refined by specifying the following six selection criteria:

1. The study was conducted in Malaysia and used Malaysian citizens as respondents.
2. The study had well-being as dependent variable and religiosity/spirituality as independent or moderator or mediator variable (the religiosity/spirituality variable either used as a single variable or combined with another variable).
3. The study should present the instruments it uses to measure one or both of the main constructs, i.e., well-being or religiosity/spirituality.
4. The study must be based upon empirical research either qualitative or quantitative. Literature from systematic review, review, meta-analysis, meta-synthesis, book series, book, chapter in book, and conference proceedings will be excluded.
5. Only English language articles were considered.
6. The article should be published in a peer-reviewed journal because such journals are considered the most reliable source of scientific information.

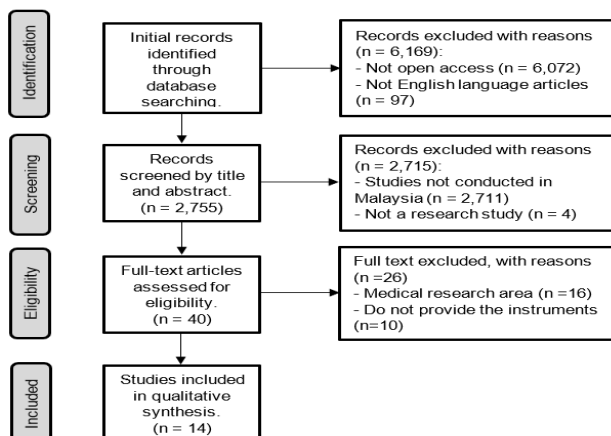
Given the focus of our study, we limited our search to social sciences fields related to arts and humanities, psychology, economics, econometrics, finance, business, management and accounting. This refined search produced 14 papers, which we grouped into several research fields to facilitate comparing representative conceptualizations across different disciplines. Originally, medical and nursing studies were subject to exclusion criteria because they used a lot of medical terms that were difficult to understand and many of them were very specific to the well-being of patients with cancer, patients with end stage renal disease, patients with type 2 diabetes and HIV/AIDS patients. However, during the examination process, this decision was reconsidered as it excludes many studies on the well-being among nurses' respondents which were worth exploring. Thus, researchers have determined that studies using too many medical terms that involve the well-being of patients with chronic diseases are still excluded, but it was decided that social science studies involving nurses' well-being can be included.

Study Selection

The study selection was conducted using the following three stages. First, the title of the article obtained was screened for eligibility based on the inclusion of the six criteria that have been mentioned above. Second, of the articles selected by title, the researchers filtered out all the abstracts using the same six criteria. Third, the full text of all remaining publications has been inspected for inclusion. For each article considered relevant, information from the full text article was extracted. To systematically analyse the retrieved studies, an overview was made of the following key characteristics for each potential article: (1) author and year of publication, (2) sample, setting, and sample size, (3) well-being measure, (4) religion/spirituality measure, and (5) domain. The coding of the articles was performed to ensure that all relevant articles were selected.

Analysis

Figure 1: Flowchart of articles selected on the systematic review



Systematic searching strategies

In order to comprehensively locate and synthesise the studies in an organized and transparent manner, we have adopted the three systematic processes proposed by Shaffril et al. (2020), namely, (1) identification, (2) screening, and (3) eligibility.

Identification

Based on the research questions formed at the beginning of the study, three main keywords have been set: well-being, religiosity, and spirituality. However, for the purpose of keyword enrichment, the researchers have referred to past studies, searched for appropriate synonyms on thesaurus.com and used the keywords suggested by Scopus. Thus, keyword searches are extended to subjective well-being, psychological well-being, spiritual well-being, financial well-being, quality of life, happiness, satisfaction, life satisfaction, personal satisfaction, religiosity and spirituality. These keyword combinations were processed using the advanced search function in the Scopus database using field code functions, phrase search, wildcards, truncation, and Boolean operators (Shaffril et al., 2020). Based on this search effort, a total of 8924 potential articles were identified from the Scopus database.

Screening

The second procedure is the process of screening articles, whether included or excluded based on specific criteria. In the first screening, 6,619 articles had to be excluded from the study because they are published in non-open access journals, resulting in researchers not being able to download the full text. The article screening process is limited to 15 years, i.e., articles published between 2007 to 2021. The limitation of this screening process is after taking into account the concept of 'research field maturity' as outlined by Kraus et al. (2020). Thus, the researchers assumed that this 15-year timeline was sufficient to represent a survey in this area.

Only English language articles are considered for review to avoid any confusion of terms and concepts during critical content analysis. Therefore, a total of 97 non-English articles were excluded. Furthermore, as this review only focuses on the measurement of well-being and religiosity/spirituality in the Malaysian context, a total of 2,711 articles that conducted the study, not in the Malaysian context, had to be removed. Finally, the researchers decided to study in depth on the empirical research papers only because they offer primary data. A total of 8,884 articles were excluded from the review during this screening stage for not meeting the inclusion criteria. This resulted in only 40 remaining articles to be evaluated at the eligibility stage.

Eligibility

The authors manually checked the remainder of the papers by reading the titles and abstracts to identify whether the 40 remaining articles fit the pre-determined inclusion criteria. Sixteen articles were removed because they were articles in the medical field. Then ten more articles had to be removed for not stating the instruments they used to measure well-being and religiosity/spirituality. The final number of articles for the stage of quality appraisal was 14 (see Figure 1).

Quality appraisal

Selected articles were evaluated based on their quality using six set inclusion and exclusion criteria. Researchers rely on evaluation criteria such as the relevance of sampling strategies, generalizability of the sample to its population, availability of instruments used to measure both variables, namely well-being and religiosity/spirituality, reliability values of instruments used for measurement and appropriateness of analysis. Each article is read carefully, focusing on the instrument of well-being and religiosity/spirituality, its methodology, and the analysis performed. All evaluation decisions were made with two co-researchers based on mutual agreement. All authors agreed that all 14 selected articles met the minimum quality requirements (Table 1) based on this process.

Data extraction and analyses

Through 14 selected articles, the researchers have identified the instruments used by the authors in measuring

well-being and religiosity/spirituality. For articles that only specifically mentioned the instrument's name and only provided a few samples of items, the researchers searched for the article written by the original developer of the instrument to extract the complete instrument. Some authors have reported that they have modified the original instrument to suit their study sample. For such cases, the researchers have also searched for the article from the original developer of the instrument and compared the two versions, i.e., the original instrument version and the modified version. The researchers then examined all the instruments and made a critical assessment regarding the suitability or shortcomings of the instruments to be used in the Malaysian studies context.

RESULTS

Study quality assessment

As seen in Figure 1 and 14 out of the initial 8,924 identified papers were included in this review. Information about each article, including the (1) author and year of publication, (2) sample, setting, and sample size, (3) well-being measure, (4) religion/spirituality measure, and (5) domain is presented in Table 1.

Table 1: Summary of studies meeting selection criteria.

No.	Authors (year)	Sample, sample size and setting	Well-being measure	Religion/ spirituality measure
1.	Noor (2008)	- Employed married Malaysian Malay Muslim women with at least one child at home. - N = 389 - Several local universities in Malaysia	Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985)	A 14-items of Muslim Attitude towards Religiosity Scale (Wilde & Joseph, 1997)
2.	Imam, Nurullah, Makol-Abdul, Rahman & Noon (2009)	- Malaysian Muslim and full-time undergraduate students of International Islamic University Malaysia - N = 358	Satisfaction with Life Scale (SWLS) (Diener et al., 1985)	Spiritual Well-Being Scale (Boivin, Kirkby, Underwood, & Silva, 1999)
3.	Momtaz et al. (2009)	- Malaysian Malay Muslim community-dwelling older persons in Peninsular Malaysia - N = 1415	The WHO-5 Well-Being Index	Modified version of Intrinsic/Extrinsic-Reversed Scale (I/E-R) (Salsman & Carlson, 2005)
4.	Momtaz, Hamid, Yahaya, & Ibrahim (2010)	- Widowed and married elderly Muslims from Malaysia. - N = 1367	The WHO-5 Well-Being Index	Modified version of Intrinsic/Extrinsic-Reversed Scale (I/E-R) (Salsman & Carlson, 2005)
5.	Momtaz, Hamid, Ibrahim, Yahaya, & Abdullah (2012)	- Malaysian Malay Muslims age 60 years and over in Malaysia. - N = 1415	The WHO-5 Well-Being Index	Modified version of Intrinsic/Extrinsic-Reversed Scale (I/E-R) (Salsman & Carlson, 2005)
6.	Rakrachakarn	- Malaysian consumers who	Satisfaction with Life	A 6-items of Religious Importance Scale as

	et al. (2013)	lived in five major cities/towns. - N = 1025	Scale (SWLS) (Diener et al., 1985)	developed by Putney and Middleton (1961); and a 2-items adopted from Wilkes et al. (1986).
7.	Achour, Grine, Mohd Nor, & Mohd Yusoff, (2014)	Malaysian Muslim female academicians (senior lecturer) of different ages from the faculty of economics and administration at University of Malaya, Malaysia. - N = 315	A 3-items measure family satisfaction (Hackman & Oldham, 1975), a 5-items measure job satisfaction (Hackman & Oldham, 1975), and a 5-items measure life satisfaction (Diener et al., 1985).	Strength of Religious Faith (An 8-items measure beliefs and worship, a 3-items measure impact of Islamic prayer)
8.	Achour et al., (2015)	- Malaysian Muslim academic and administrative staff from the following Malaysian universities, namely University of Malaya (UM), National University of Malaysia (UKM), Putra University (UPM), and University Utara Malaysia (UUM). - N = 117	A 3-items measure family satisfaction (Hackman & Oldham, 1975), a 5-items measure job satisfaction (Hackman & Oldham, 1975), and a 5-items measure life satisfaction (Diener et al., 1985).	A 21-items measure religiosity (beliefs, extrinsic religiosity, and intrinsic religiosity) as adapted from Mariam et al. (2011).
9.	Achour, Mohd Nor, & Mohd Yusoff (2015)	- Malaysian female academic staff employed in research universities in Kuala Lumpur, Malaysia. - N = 300	A 3-items measure family satisfaction (Hackman & Oldham, 1975), a 5-items measure job satisfaction (Hackman & Oldham, 1975), and a 5-items measure life satisfaction (Diener et al., 1985).	A 21-items measure religiosity (beliefs, extrinsic religiosity, and intrinsic religiosity) as adapted from Mariam et al. (2011).
10.	Achour, Mohd Nor, Amel, Bin Seman, & Mohd Yusoff (2017)	- N = 230 Malaysian Muslim students aged 17–40 years studying at Malaysian universities in Kuala Lumpur, Malaysia.	A 13-items measuring subjective happiness which have been developed by the authors. A 6-items measure positive attitude, 14-items measure self-esteem, and a 3-items measure other-esteem.	A 20-items measuring religiosity commitment which were developed by the authors.
11.	Tey, Park, & Golden, (2017)	- Above the age of 18, Malaysian Muslim, and healthy - N = 183	An 8-items of The Flourishing Scale as developed by Diener et al. (2009)	A 14-items of Muslim Attitude towards Religiosity Scale (Wilde & Joseph, 1997)
12.	Pahlevan	- Malaysian Malay Muslim	A 16-items of McGill	A 20-items measure

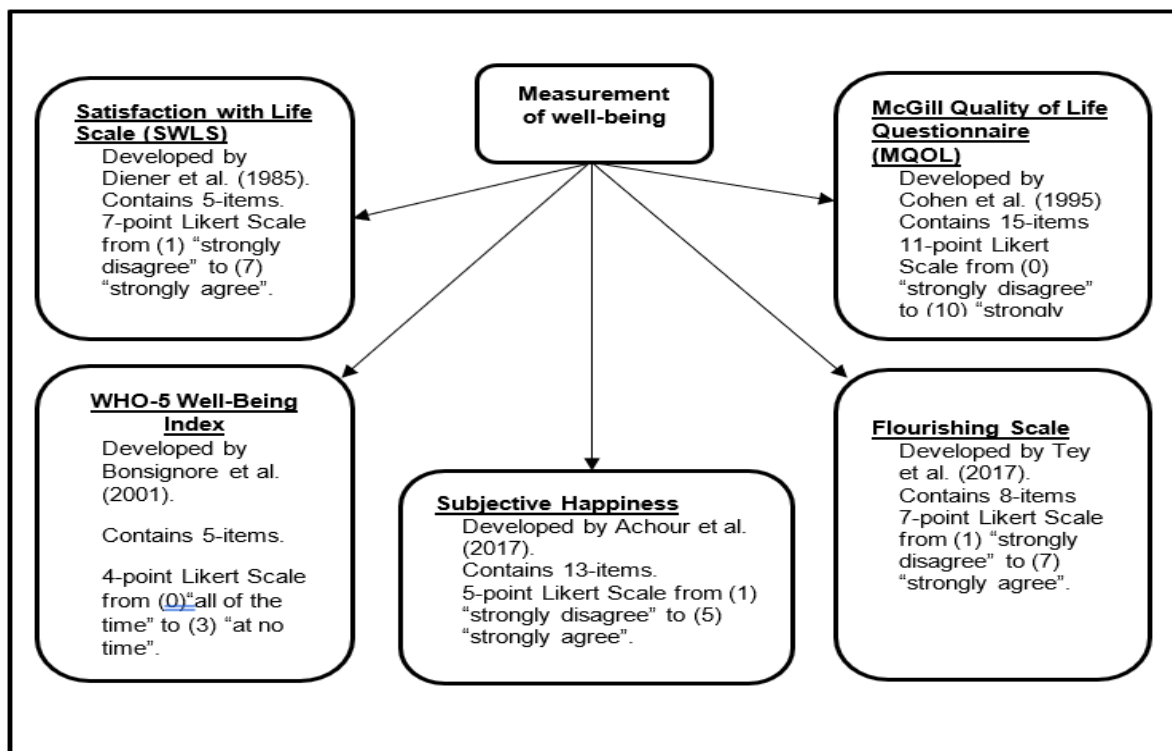
	Sharif & Ong (2019)	women with breast cancer from a clinic in Kuala Lumpur - N = 145	Quality of Life Questionnaire	Beliefs and Values Scale adapted from King et al (2007).
13.	(Ibrahim et al., 2019)	- Malaysian adolescents aged between 13 and 19 years in selected urban areas in the states of Wilayah Persekutuan and Selangor - N = 176	A 10-items of The Suicide Ideation Scale (SIS).	A 20-items of Spiritual Well-Being Scale (Palouzian et al., 1982)
14.	(Sabri et al., 2021)	- Single mothers from five single-mother associations in Malaysia - N = 600	Adapted from The Satisfaction with Life Scale (Diener et al., 1985)	Adopted and modified from The Centrality of Religiosity Scale (Huber & Huber, 2012)

What are the instruments used to measure well-being?

Well-being encompasses various dimensions such as subjective well-being, economic well-being, psychological well-being, personal well-being, physical well-being, life satisfaction, and happiness. These dimensions are perceived differently by individuals based on their background, personality, beliefs, and life expectations. In this study, the efficacy of well-being measurements was assessed using the concept of well-being. The best well-being measurements were chosen based on their alignment with the concept of well-being. The five well-being measurements used in the Malaysian context were the Satisfaction with Life Scale (SWLS), the WHO-5 Well-Being Index, Subjective Happiness, the Flourishing Scale, and the McGill Quality of Life Questionnaire (MQOL) (Achour et al., 2017; Noor, 2008; Imam et al., 2009; Rakrachakarn et al., 2013).

Satisfaction with Life Scale (SWLS)

Figure 2: Summary of the Well-Being Measurements used by the 14-studies in the Malaysian context.



Source: Prepared by the authors

The Satisfaction with Life Scale (SWLS) was developed by Diener et al. (1985). They argue that the SWLS is specifically designed to assess global life satisfaction. Thomas et al. (2012) discovered that life satisfaction is a strong predictor of well-being and quality of life. SWLS was employed by Noor (2008), Imam et al. (2009), Rakrachakarn et al. (2013), and Sabri et al. (2021) to assess respondents' well-being. This instrument is a global measure of life satisfaction that measures five-items using a 7-point Likert Scale that is ranging from "strongly disagree" (1) to "strongly agree" (7), with higher scores indicating greater satisfaction. Therefore, the probability score on the questionnaire ranged from 5 (low satisfaction) to 35 (high satisfaction). This instrument has good internal consistency with the Cronbach's correlation was 0.71 for Imam et al. (2009), 0.86 for Noor (2008), and .82 for Sabri, (2021). The five items of SWLS are:

1. In most ways, my life is close to my *ideal*.
2. The conditions of my life are *excellent*.
3. I am *satisfied* with my life.
4. So far, I have *gotten the important things* I want in life.
5. If I could live my life over, I would *change almost nothing*.

Psychological distress and life satisfaction were used as indicators of well-being. Diener et al. (1985) proposed that individuals assess their satisfaction with life based on a comparison to their own established standards. The measurement of well-being should capture overall satisfaction with life rather than specific domains. The five-item instrument developed by Diener et al. (1985) is comprehensive and applicable across various contexts, including religion, race, nation, and region. The instrument encompasses subjective, economic, psychological, personal, physical, life expectations, and happiness aspects of well-being. The items in the instrument are associated with these different concepts of well-being. The Satisfaction with Life Scale (SWLS) allows respondents to weigh different domains and feeling states according to their own values and preferences (Diener et al., 1985).

The WHO-5 Well-Being Index

The WHO-5 Well-Being Index is one of the indexes used to assess the subjects' well-being. Momtaz et al. (2009), Momtaz et al., 2010, and Momtaz et al. (2012) used this index to measure their dependent variable, which is psychological well-being among older people. The scale is a self-assessment instrument that consists of five multiple-choice questions which are rated on a 4-point Likert's Scale from "all of the time" (0) to "at no time" (3). A higher score indicates a higher level of psychological well-being with the maximum possible score being 100 points (best thinkable well-being), whereas the minimum score is 0 (worst thinkable well-being). This instrument has good internal consistency with the Cronbach's correlation was 0.85.

This instrument was founded by Bonsignore et al. (2001) which was originally developed to serve as a screening tool for detecting depression among elderly. According to the study done by Bonsignore et al., there are two versions of WHO-5 Well-Being Index. Both versions have the same goal in mind: to assess the respondents' level of depression. What distinguishes them is that the first version includes the measurement of anxiety disorder in the index, whereas the second version does not, as the latter is more specific for the detection of depression. The items for the first and the second versions of WHO-5 Well-Being Index are as follows (Bonsignore et al., 2001):

Version 1	Version 2
1. I feel downhearted and sad.	1. I have felt <i>cheerful</i> and in <i>good spirits</i> .
2. I feel calm and can sit still easily.	2. I have felt <i>calm</i> and <i>relaxed</i> .
3. I feel energetic, active or vigorous.	3. I have felt <i>active</i> and <i>vigorous</i> .

4. I wake up feeling fresh and rested.	4. I woke up feeling <i>fresh</i> and <i>rested</i> .
5. My daily life is full of things that were interesting to me.	5. My daily life has been <i>filled with things that interested me</i> .

The WHO-5 Well-Being Index, developed by Bonsignore et al. (2001), was specifically designed to screen for depression in the general population. Its five items assess the well-being components of depression and anxiety disorders. However, it is noted that the index is particularly useful for identifying depression among elderly individuals rather than the general population (Bonsignore et al., 2001). Momtaz et al. (2009) found that elderly individuals who utilized religious coping mechanisms exhibited better psychological well-being compared to those who did not. Additionally, Momtaz et al. (2012) conducted a study focusing on elderly subjects aged 60 and above, further suggesting the suitability of the WHO-5 Well-Being Index for assessing the well-being of the elderly population. It should be noted that caution is warranted when applying this instrument to populations beyond the elderly, as the original instrument and its replication studies were primarily conducted within this specific demographic (Bonsignore et al., 2001; Momtaz et al., 2009, 2012).

Subjective Happiness

The Subjective Happiness Scale was originally developed by Achour et al. (2017) to examine the relationship between religious commitment and happiness among Muslim students at Malaysian universities. According to Achour et al. (2017), religion and religiosity play a critical role in increasing levels of happiness and life satisfaction. Furthermore, people with a high level of religiosity are happier than those with a low level of religiosity; similarly, knowledgeable or educated people are happier than those with a low level of education and limited knowledge. Religion is thought to play an important role in human life and happiness, and it has been discovered that there is a link between self-rating of religiosity and happiness (Bayani 2014). According to Smith et al. (1979), there is a positive relationship between self-esteem and religiosity.

The Subjective Happiness scale is a self-administrated questionnaire which contains six-items that measure positive attitude, four items that measure self-esteem, and three items which measure other-esteem. Each item was rated using 5-point Likert Scale ranging from “Strongly disagree” (1) to “Strongly agree” (5). This instrument has high internal consistency with the Cronbach’s correlation was 0.869. This tool was tested for the first time on respondents who were Malaysian public university students. The 13-items are as follows:

1. I feel *happy* when I create good new relations with others.
2. I feel *happy* when I pray my obligatory prayer at the Masjid.
3. I feel *happy* when I help others.
4. I feel *happy* when someone accepts my apology.
5. I am satisfied and *happy* when I discuss religious issues with my friends.
6. I feel *happy* when someone visits me in my room.
7. I am satisfied and *happy* with the teachers and the overall environment.
8. I feel so *happy* when someone gives me something.
9. I feel so *happy* when someone enjoys and speaks with me.
10. The staff are wonderful people, and we *enjoy* interacting with them.
11. I feel *respected* when someone appreciates me.
12. Generally, I am very *happy* in this community.

13. Generally, I am very *happy*.

The assessment of well-being in the examined scale relies exclusively on the concept of happiness, as indicated by the repeated use of the word "happy" in all 13 items. Happiness is widely regarded as a significant component of well-being, representing individuals' positive evaluation of their overall life quality (Argyle et al., 1995; Al-Nagga et al., 2010). However, this singular focus on happiness limits the scope of this well-being measurement, as it fails to encompass other essential aspects such as hedonic and eudemonic dimensions (Allin & Hand, 2017; Ruggeri et al., 2020). Additionally, certain items within the scale, such as 'Masjid' and 'teachers,' are context-specific and may not be applicable to all subjects, particularly those outside the specific demographic, such as Muslim students.

Flourishing Scale

A study done by Tey et al. (2017) adapted The Flourishing Scale (Diener et al. 2009), to measure subjective well-being. An eight-item scale was used to measure human functioning in the areas of positive relationships, feelings of competence, and having meaning and purpose in life. Each item was measured using a 7-point Likert scale varying from "strongly disagree" (1) to "strongly agree" (7). The overall scale probability score ranged from 8 to 56 and higher scores reflect higher levels of subjective well-being. This instrument has excellent internal consistency with the Cronbach's correlation was 0.9. The following are the 8-items used to measure subjective well-being using Flourishing Scale:

1. I lead a *purposeful* and *meaningful life*.
2. My social relationships are *supportive* and *rewarding*.
3. I am *engaged* and *interested* in my daily activities.
4. I *actively contribute* to the happiness and well-being of others.
5. I am *competent* and *capable* in the activities that are important to me.
6. I am a *good person* and live a *good life*.
7. I am *optimistic* about my future.
8. People *respect me*.

The presence of double-barrelled items in the measurement should be carefully considered by future researchers, as indicated by the use of the conjunction "and" within each item. Fadem (2008) advises against incorporating double-barrelled questions in questionnaire construction, as they address multiple issues while limiting respondents to a single answer. This can introduce inaccuracies in measuring the intended issues, as it becomes challenging to determine which aspect of the question is being answered.

McGill Quality of Life Questionnaire (MQOL)

Pahlevan Sharif and Ong (2019) adapted MQOL to measure quality of life in which this instrument is suitable for patients suffering from chronic disease. The instrument was developed by Cohen et al. (1995) to measure four dimensions of quality of life including physical symptoms, psychological symptoms, meaningful existence, and outlook on life. The respondents were asked to identify which physical symptoms were the most bothersome to them and to indicate the severity of the problem. However, Pahlevan and colleagues have improved MQOL by using 11-point Likert scale varying from 0 to 10. The summed score of all items represents the overall quality of life (range 0–160). The scale assesses four dimensions of quality of life including physical (4 items), psychological (2 items), existential (6 items), and outlook on life (2 items). This instrument has good internal consistency with the Cronbach's correlation was greater than 0.5. In their study, Pahlevan et al. (2019) discovered that the more spiritual respondents reported a higher level of quality of life and a lower level of stress. The 15-items are as follows:

Table 2: The 4-dimensions of McGill Quality of Life Questionnaire (MQOL) with respective items

No.	Dimensions	Items
1.	Physical Symptoms	<ul style="list-style-type: none"> ● My troublesome symptom is..... (no problem/tremendous problem). ● Physically, I felt.... (terrible/well). ● I was.... (not all depressed/extremely depressed). ● I was... (not at all anxious or worried/extremely anxious or worried).
2.	Psychological Symptoms	<ul style="list-style-type: none"> ● How much of the time do you feel sad? ● Considering all part of my life physical, emotional, social, spiritual and financial, my quality of life in the past two days was... (very bad/ excellent)
3.	Meaningful existence	<ul style="list-style-type: none"> ● Rate the degree to which you are frightened of the future... (not afraid/constantly terrified) ● My personal existence is... (utterly meaningless and without purpose/very purposeful and meaningful). ● In achieving life goals, I have... (made no progress whatsoever/progressed to complete fulfilment). ● My life is... (out of my hand and out of my control/in my hand and I am in control of it). ● I feel good about myself as a person... (completely agree/completely disagree). ● To me, every day seems to be... (a burden/gift).
4.	Social support	<ul style="list-style-type: none"> ● I am close to people... (completely agree/completely disagree). ● The world is... (impersonal unfeeling place/caring and responsive to my needs).

These dimensions appear to be comprehensive in measuring the subjects' well-being. However, the subject is limited to chronic patients, such as cancer patients. Thus, future researchers need to consider the items for this instrument if they want to apply it in different contexts.

How contemporary researchers measure religiosity / spirituality?

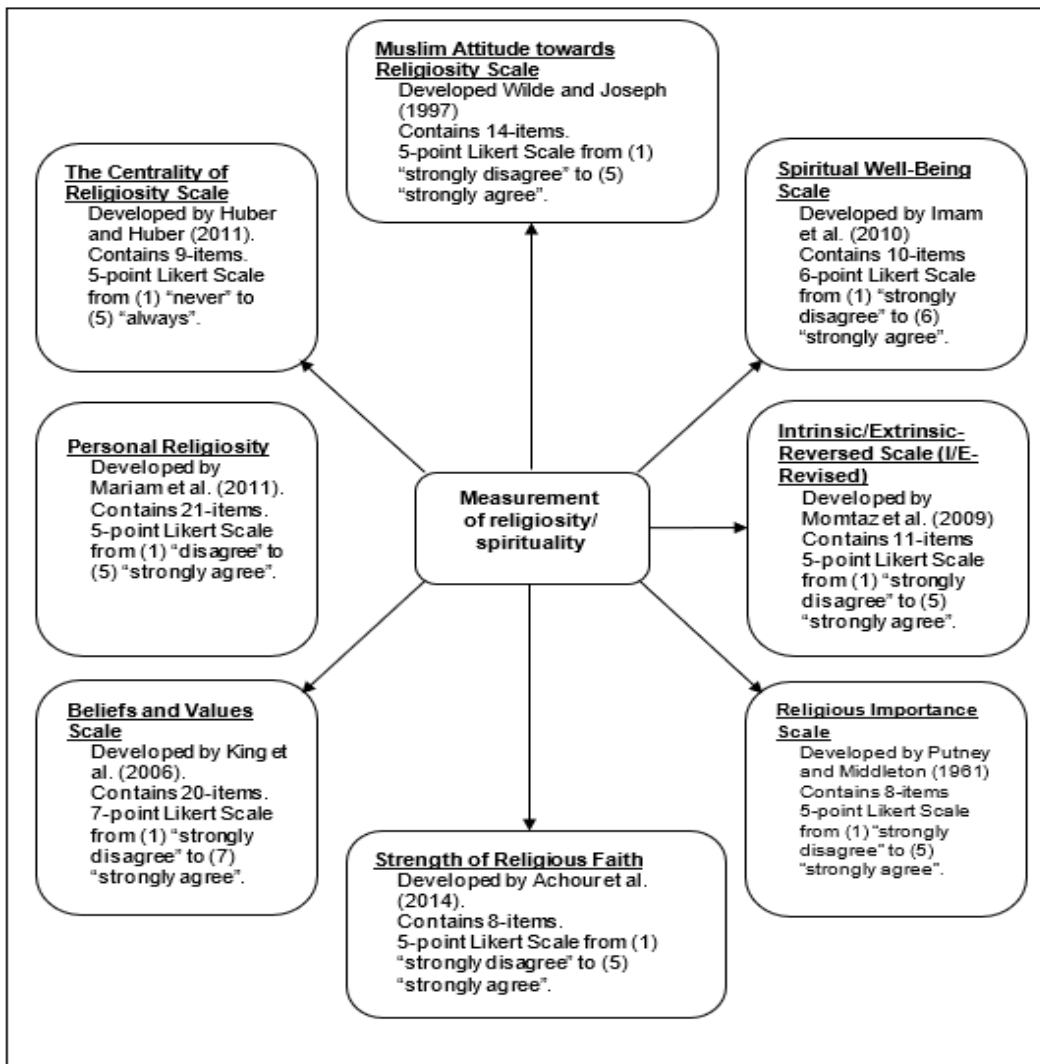
Although there are some disagreements about the differences between religiosity and spirituality, scholars unanimously agree that both constructs have an impact on an individual's well-being and ability to cope with challenges (King et al., 2004; McGill & Paul, 1993). Religious activities are positively related to people's life satisfaction and to increase their level of happiness (Filipe & Yanagizawa-Drott, 2015). Religion too plays an important role in people's lives, reduces stress and improves well-being (Achour et al., 2016; Noor & Mahudin, 2005).

According to Gallagher and Tierney (2013), religiosity is frequently defined as an individual's conviction, devotion, and veneration toward a divinity. However, in its broad sense, religiosity can encompass all aspects of religion; however, the concept can also be used narrowly to denote an extreme viewpoint and over-dedication to a religious ritual or tradition. Caird (1987) proposes three different measures of religiosity: cognitive, which focuses on religious attitudes or beliefs; behavioral, which evaluates church attendance or private prayer; and experiential, which concerns mystical experiences.

According to Koubek (1984), four actions are the most powerful predictors of various degrees of religious commitment: participation in congregational and personal religious activities, prayer seeking God's help, prayer seeking God's help in deciding right and wrong behavior and having a strong interest in the help provided by the

congregation. According to Achour et al. (2015), religiosity was discovered to be rooted in faith demonstrated through Islamic rituals of prayer, fasting, pilgrimage, and charitable giving. Meanwhile, Schaffer (1996) defines religiosity as the level of participation, involvement, or faith in a religion's practices and convictions.

Figure 3: Summary of the Religiosity/Spirituality Measurements used by the 14-studies in the Malaysian context.



Source: Prepared by the authors

Muslim Attitude towards Religiosity Scale

Noor (2008) and Tey et al. (2017) measured religiosity using 14-item Muslim Attitude towards Religiosity Scale, which was developed by Wilde and Joseph (1997). Each item is rated on a 5-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5). Therefore, scores on an overall scale may range from 14 (less positive attitude) to 70, (more positive attitudes). This instrument has excellent internal consistency with the Cronbach's correlation was 0.87 for Noor (2008), and 0.93 for Tey et al. (2017). By referring to the developer of this instrument (Wilde & Joseph, 1997), the 14-item Muslim Attitude toward Religion Scale are as follows:

1. I find it inspiring to read the *Quran*.
2. *Allah* helps me.
3. Saying my *prayers* helps me a lot.
4. *Islam* helps me lead a better life.
5. I like to learn about *Allah* very much.

6. I believe that *Allah* helps people.
7. The five *prayers* help me a lot.
8. The *supplication (doa)* helps me.
9. I think the *Quran* is relevant and applicable to modern day.
10. I believe that *Allah* listens to prayers.
11. *Muhammad* (peace be upon him) provides a good mode of conduct for me.
12. I *pray five times* a day.
13. I *fast* the whole month of *Ramadan*.
14. I observe my daily prayers in the *Mosque*.

The 14-items used to assess Muslim religiosity are deemed adequate because they include relevant elements required in Islamic teachings such as the five-time daily prayers, the recitation of the Holy Quran, reliance on Allah as the Muslim's God, fasting during Ramadan, supplication and so on. However, because majority of the items are associated with Muslims, this measurement is only applicable and relevant to be studied on Muslim subjects. Hence, more comprehensive and general items must be developed to accommodate Malaysia's multi-racial subjects. According to Achour et al. (2014), MARS emphasises more on attitudes and experiential dimensions than on actual Muslim beliefs and practices.

Spiritual Well-Being Scale

Spirituality is a multidimensional concept with varying definitions depending on the specific emphasis of the authors (Hooker et al., 2014; Malinakova et al., 2017). Over time, the definition of spirituality has expanded beyond its association with religion to encompass aspects such as purpose, meaning in life, connectedness with others, peacefulness, harmony, and well-being (Koenig, 2008). Previous researchers (Paloutzian & Ellison, 1982; Ellison, 1983; Boivin et al., 1999) employed a 20-item self-assessment tool called the Spiritual Well-Being Scale, which comprises two dimensions: Religious Well-Being (RWB) and Existential Well-Being (EWB). To accommodate their target respondents, Imam et al. (2019) replaced the word "God" with "Allah" in the RWB items, following the rationale provided by Murken and Shah (2002) regarding the adaptation of a Western social scientific approach to religion in studies involving Muslim participants. This substitution aimed to ensure appropriateness and cultural sensitivity. Ghorbani, Watson, and Khan (2007, cited in Murken & Shah, 2002) also employed a similar approach by substituting "church" with "mosque" in Allport and Ross's Religious Orientation Scale. The EWB items in the Spiritual Well-Being Scale do not include specific religious language and instead inquire about general topics such as life purpose, life satisfaction, and relationships with people and situations in one's environment. The instrument has demonstrated good internal consistency, with Cronbach's correlations ranging from 0.65 to 0.87 in Imam et al.'s (2009) study. The following in Table 3 is the shorter version of Spiritual Well-Being Scale obtained from Malinakova et al. (2017).

Table 3: Comparison between Spiritual Well-Being Scale used by Imam et al. (2009) and Ibrahim et al. (2011)

Spiritual Well-Being Scale used by Imam et al. (2009)	Spiritual Well-Being Scale used by Ibrahim et al. (2011)
1. I don't know who I am, where I came from, or where I'm going.	1. I don't find much satisfaction in private prayer with God 2. I don't know who I am, where I came from, or where I'm going 3. I believe that God loves me and cares about me

2. I believe that God loves me and cares about me.	4. I feel that life is a positive experience
3. I have a personally meaningful relationship with God.	5. I believe that God is impersonal and not interested in my daily situations
4. I feel very fulfilled and satisfied with my life.	6. I feel unsettled about my future
5. I don't get much personal strength and support from God.	7. I have a personally meaningful relationship with God
6. I believe that God is concerned about my problems.	8. I feel very fulfilled and satisfied with life
7. I feel good about my future.	9. I don't get much personal strength and support from my God
8. Life doesn't have much meaning.	10. I feel a sense of well-being about the direction my life is headed in
9. My relationship with God contributes to my sense of well-being.	11. I believe that God is concerned about my problems
10. I believe there is some real purpose for my life.	12. I don't enjoy much about life
	13. I don't have a personally satisfying relationship with God
	14. I feel good about my future
	15. My relationship with God helps me not to feel lonely
	16. I feel that life is full of conflict and unhappiness
	17. I feel most fulfilled when I'm in close communion with God
	18. Life doesn't have much meaning
	19. My relationship with God contributes to my sense of well-being
	20. I believe there is some real purpose for my life

Intrinsic/Extrinsic-Reversed Scale (I/E-Revised)

The other instrument that measures religiosity is Intrinsic/Extrinsic-Reversed Scale (I/E-R). The I/E-R was developed by Salsman and Carlson (2005) where this instrument is used to assess religiousness in both low-education adults and teenagers, as well as with high-functioning adults. This instrument is measured using a 5-point Likert scale that ranges from “strongly disagree” (1) to “strongly agree” (5). The higher scores indicate higher levels of religiosity. The study of Momtaz et al. (2009, 2010, 2012), however, has changed the word “church” to a “mosque” to accommodate Muslim respondents. This instrument has low internal consistency with the Cronbach’s correlation was 0.52. The two versions of items of I/E-Revised are as follows:

Table 4: Comparison between Intrinsic/Extrinsic-Reversed Scale used by Salsman and Carlson (2005) and Momtaz et al. (2009)

Intrinsic/Extrinsic-Reversed Scale (Salsman & Carlson, 2005)	Intrinsic/Extrinsic-Reversed Scale (Momtaz et al., 2009)
1. I enjoy reading about my religion.	1. I enjoy reading about Qur'an and Hadith
2. I go to church because it helps me to make friends.	2. I go to the masjid because it helps me to make friends

3. It is important to me to spend time in private thought and prayer.	3. It is important to me to spend time in private thought and prayer
4. I have often had a strong sense of God's presence.	4. I have often had a strong sense of Allah's presence
5. I pray mainly to gain relief and protection.	5. I pray mainly to gain relief and protection
6. I try hard to live all my life according to my religious beliefs.	6. I try hard to live all my life according to my religious beliefs
7. What religion offers me most is comfort in times of trouble and sorrow.	7. What religion offers me most is comfort in times of trouble and sorrow
8. Prayer is for peace and happiness.	8. Prayer is for peace and happiness
9. I go to church mostly to spend time with my friends.	9. I go to the masjid mostly to spend time with my friends
10. My whole approach to life is based on my religion.	10. My whole approach to life is based on my religion
11. I go to church mainly because I enjoy seeing people I know there.	11. I go to the masjid mainly because I enjoy seeing people I know there
12. It doesn't much matter what I believe so long as I am good. (reversed)	
13. Although I am religious, I don't let it affect my daily life. (reversed)	
14. Although I believe in my religion, many other things are more important in life. (reversed)	

Since Malaysia is a multi-racial and multi-religious country, the items must be broadly developed. Instead of saying, "I go to church because it helps me make friends," the items should be shown as "I go to worship centre because it helps me make friends." The term "worship centre" is quite broad in scope, and it allows all respondents, regardless of race or religion, to respond to it.

Religious Importance Scale

Rakrachakarn et al. (2013) measured religiosity using Religious Importance Scale that was developed by Putney and Middleton (1961). The original version of the instrument is known as Religious Ideology which contains four dimensions, namely, orthodoxy, fanaticism, importance and ambivalence. However, Rakrachakarn et al. (2013) used only one dimension which is religious importance and rated using 5-points Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (5). They added other two-items which were adopted from Wilkes et al. (1986) with the same response rate. The eight items essentially assessed mosque/church/temple attendance, the importance of religious values, and self-perceived religiousness. This scale is also less applicable because the term "Church" may refer to a specific religion only. This instrument has excellent internal consistency with the Cronbach's correlation was 0.77. The 8-items used by Rakrachakarn et al. (2013).

1. My ideas about religion are one of the **most important** parts of my philosophy of life.
2. I find that my ideas on religion have a **considerable influence** on my views in other areas.
3. Believing as I do about religion is **very important** to being the kind of person I want to be.
4. If my ideas about religion were different, I believe that my way of life would be very different.

5. Religion is a subject in which I am not particularly *interested*.
6. I *very often think* about matters relating to religion.
7. I go to church *regularly*.
8. *Spiritual* values are *more important* than material things.

Strength of Religious Faith

This instrument has been developed by Achour et al. (2014). They assess the effects of religiosity on the personal well-being of Muslims by measuring it in an Islamic context. Prayer, beliefs, and worship are the determinants of religiosity studied in this study. The researchers used 315 Muslim female academic staff members from research universities in the Klang Valley, such as the University of Malaya, National University, and Putra University, as respondents. The scale uses a five-point Likert scale, ranging from “strongly disagree” (1) to “Strongly Agree” (5). The higher the aggregate scores reflect stronger levels of “Strength of Religious Faith.” This instrument has excellent internal consistency with the Cronbach’s correlation was 0.916. The 11-items are as follows:

1. Religion is important to me because it helps me to cope with life events.
2. Religion is important to me because it answers many questions about the meaning of my life.
3. Religion is important to me because it teaches me how to deal with life events.
4. Religion is important to me because it teaches me how to help others.
5. I try to place my religion into practice for dealing with life challenges.
6. If any bad thing happens to me, I believe it is a test from Allah to examine me in my life (ibtilaa).
7. When something bad happens, I pray to Allah SWT to give me guidance and peace of mind.
8. While making a serious decision in my life, “asking what is best and proper from Allah, the Merciful” (istikhara).
9. The primary purpose of prayer is to achieve satisfaction.
10. The primary purpose of prayer is to achieve happiness.
11. The primary purpose of prayer is to reduce stress.

Religiosity has two main dimensions: beliefs and worship, which consists of eight items relevant to matters of faith and worship, such as belief in the value of religion in Muslim life, belief that life's hardship is a test from God (ibtila') and coping with life events through prayers and supplications. The second section is about the practice of prayer, which includes three items about the concept and impact of Islamic prayers, such as achieving satisfaction and happiness and reducing stress (Achour et al., 2014). This measurement, however, focuses on Muslim subjects only because the words 'Istikhara' and 'Ibtillaa' are included.

Beliefs and Values Scale

To measure overall individual spiritual beliefs that exist outside of traditional religious contexts, Pahlevan Sharif and Ong (2019) used the 20-item Beliefs and Values Scale which was developed by King et al. (2006). Each item is rated on a 7-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (7). The instrument is not limited to religious thought, instead it measures the overall individual spiritual beliefs that exist outside of traditional religious context. This instrument has excellent internal consistency with the Cronbach’s correlation was 0.94. Based on the original developer of this instrument (King et al., 2006), the 20-item Beliefs

and Values Scale is as follows:

1. I am a spiritual person.
2. I believe I have a spirit or soul that can survive my death.
3. I believe in a personal God.
4. I believe meditation has value.
5. I believe God is an all-pervading presence.
6. I believe what happens after I die is determined by how I have lived my life.
7. I believe there are forces for evil in the Universe.
8. Although I cannot always understand, I believe everything happens for a reason.
9. I believe human physical contact can be a spiritual experience.
10. I feel most at one with the world when surrounded by nature.
11. I believe in life after death.
12. I am a religious person.
13. Religious ceremonies are important to me.
14. I believe life is planned out for me.
15. I believe God is a life force.
16. At least once in my life, I have had an intense spiritual experience.
17. I believe that there is a heaven.
18. I believe the human spirit is immortal.
19. I believe prayer has value.
20. I believe there is a God.

These items are deemed adequate because they cover all aspects that exist outside of traditional religious context. Furthermore, all the items included in the instruments are general and can capture the majority of the world religions such as Islam, Buddhism, Christianity, Hinduism, and so on.

Personal Religiosity

Achour et al. (2015) measured personality using an instrument that was originally developed by Mariam et al. (2011). A total of 21 out of the 30-items were adopted by Achour et al. (2015) to measure beliefs, extrinsic religiosity, and intrinsic religiosity. The scale uses a 5-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (5). This instrument has good internal consistency with the Cronbach’s correlation was in the range of 0.70 to 0.88. The 21-items are as stated below:

1. I believe that *prayer* (salat) as ordained by God and his prophet is crucial to the life of a Muslim.
2. I believe and declare that no other God but *Allah* and *Muhammad* is God’s final prophet.

3. I believe that *fasting* during the holy period of Ramadan is one of the responsibilities of Muslims that is important to do.
4. I believe that there will be the end of time when people will be judged according to how they live their life in this world.
5. I believe that *Qur'an* is the word of Allah, thus its authority is justified.
6. I believe that *almsgiving (Zakat)* is very important in the life of a good Muslim to be paid every year.
7. Religion is especially important to me because it answers many questions about the meaning of life.
8. The purpose of *prayer* is to secure a happy and peaceful life.
9. I believe that more *Islamic* programs, channels should be offered.
10. I will send my kids to *Islamic schools* and not to secular schools.
11. If not prevented by unavoidable circumstances, I pray at the *Mosque*.
12. I believe that praying at the *Mosque* is an added benefit rather praying at home or at work.
13. I believe that *praying Sunna, Nawafil, Qiyamelleil* are extremely beneficial for Muslims.
14. I always pray *Sunna, Nawafil, and Qiyamelleil*.
15. One reason for my being a member of a *Mosque* (or attending religious sessions) is that such membership helps to establish a person in the community.
16. A primary reason for my interest in religion is that my *Mosque* or my affiliation with a religious group has pleasant social activities.
17. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic interest.
18. It does not matter so much what I believe as long as I lead a moral life.
19. I *pray* mainly because I have been taught to pray.
20. The primary purpose of *prayer* is to gain relief and protection.
21. What religion offers me most is comfort when sorrows and misfortune strike.

Most items in this measurement are specifically designed for Muslim subjects, and changes must be made to accommodate Malaysia's multi-racial population. Among the keywords that are specifically designed for Muslim subjects are 'Allah,' 'Muhammad is God's final prophet,' 'fasting during the holy period of Ramadan,' 'Qur'an is Allah's word,' 'Almsgiving,' 'Islamic Programs,' 'Islamic Schools,' 'praying Sunna, Nawafil, Qiyamelleil,' 'Mosque,' and so on.

The Centrality of Religiosity Scale

To measure religiosity, Sabri et al. (2021) adopted and modified an instrument from The Centrality of Religiosity Scale (Huber & Huber, 2012). There are 9 items, in which each item is rated on a 5-point Likert scale ranging from "never" (1) to "always" (5). This instrument has excellent internal consistency with the Cronbach's correlation was greater than 0.83. the 9-items of from The Centrality of Religiosity Scale are as follows:

1. Think about religious issues.

2. Take part in religious activities.
3. How often do you pray?
4. How often do you read the Holy Book or other religious literature?
5. I feel thankful for my blessings.
6. I ask for God’s help in the midst of daily activities.
7. I feel guided by God in the midst of daily activities.
8. I find strength in my religion or spirituality.
9. I find comfort in my religion or spirituality.

This instrument assesses the overall levels of five theoretically defined core dimensions of religiosity. The dimensions of public practice, private practice, religious experience, ideology, and intellectual dimensions can all be considered representative of religious life. The scale offers the general intensities of theoretically defined core dimensions of religiosity that can be considered representative of the total of religious life and derives a combined measure of religiosity's centrality from them (Huber & Huber, 2012).

What are the other important elements that are being studied together with religiosity/ spirituality to improve well-being.

According to Noor (2008), all religions, especially Islam, give meaning and identity to individuals since religion is associated with well-being because it provides guidance on one's life, and offers comfort and convenience in thick and thin. Religiosity and spirituality may contribute to a sense of hope and confidence in one's present and future life. This optimism may result in a more positive assessment of overall well-being (Imam et al., 2009). Religiosity also protects against the negative affective consequences of chronic health problems (Momtaz et al., 2009). Our third research question is oriented to identify elements that are important and have been studied together with religiosity/spirituality to improve well-being. These elements are structured in three roles: antecedent/ independent, mediator and moderator variables. Table 5 presents the summary of domains used in the 14 studies that have been conducted within the Malaysian context.

Table 5: Summary of the 14 studies domains

No.	Authors (year)	Antecedents / Independent Variables	Moderator/Mediator	Dependent Variables
1.	Noor (2008)	Work experience	Moderator – Age and religion	well-being (measured by psychological distress and life satisfaction)
2.	Imam el al. (2009)	Spiritual well-being (measured by religious well- being, and existential well-being)		Psychological well-being (measured by general self-efficacy, self-esteem, and life satisfaction)
3.	Momtaz et al. (2009)	Chronic health problem	Moderator - Religiosity	Psychological well-being
4.	Momtaz et al. (2010)	Widowhood, age, sex, social economic status, physical	Mediator – Personal religiosity, social	Psychological well-being

		health	religiosity	
5.	Momtaz et al. (2012)	Sociodemographic	Moderator – Personal religiosity, religiosity	Psychological well-being
6.	Rakrachakarn et al. (2013)	Religiosity, social desirability	Moderator - Ethnic subcultures Mediator – Life satisfaction	Materialism,
7.	Achour et al., (2014)	Religiosity		Personal Well-being (job satisfaction, family life satisfaction)
8.	Achour et al., (2015a)	Job strain,	Moderator - Religiosity, (beliefs, extrinsic religiosity, intrinsic religiosity)	Well-being
9.	Achour et al., (2015b)	Work-family demand	Moderator - Religiosity	Well-being
10.	Achour et al., (2017)	Positive Attitudes, Self-Esteem, Other-esteem, Religious Commitment	Moderator – Education Level	Subjective Happiness
11.	Tey et al. (2018)	Religiosity,	Mediator - Subjective well-being	Healthy lifestyle behaviors (religiosity, goal setting, impulse control, and subjective well-being)
12.	Pahlevan Sharif & Ong (2019)	Spirituality	Moderator - Education	Quality of Life, Stress,
13.	Ibrahim et al. (2019)	Family social support, spiritual well-being (religious well-being, the existential well-being)		Suicidal ideation.
14.	Sabri et al. (2021)	Personality (Locus of control and religiosity), financial capability, and financial vulnerability		Life Satisfaction

Antecedent/ Independent Variables

Several studies (Achour et al., 2014; Imam et al., 2009; Pahlevan Sharif & Ong, 2019; Tey et al., 2018) have examined religiosity/spirituality as an independent variable in relation to well-being. For instance, Imam et al.

(2009) found that higher levels of religious and existential well-being were associated with greater self-efficacy, self-esteem, and life satisfaction among Malaysian youths. Achour et al. (2014) observed a positive link between religiosity and personal well-being in a study involving Muslim female academicians. Tey et al. (2017) identified religiosity as a significant predictor of healthy lifestyles among Malaysian Muslims. Pahlevan Sharif and Ong (2019), in their investigation of Malay Muslim breast cancer patients, demonstrated a significant relationship between spirituality and quality of life as well as stress.

Religiosity/spirituality has also been examined alongside other variables. Rakrachakarn et al. (2013) found that religiosity affects materialism and life satisfaction differently, with stronger effects observed among Muslim Malays compared to Chinese and Indian subcultures in Malaysia. Ibrahim et al. (2019) discovered that interventions incorporating spirituality and family support may have positive implications for predicting suicidal ideation in teenagers. Additionally, Sabri et al. (2021) found significant positive relationships between locus of control, religiosity, financial competence, financial vulnerability, and life satisfaction among female-headed families in Malaysia.

Mediator

In the Malaysian context, only one study (Momtaz, 2010) was found that examined religiosity/spirituality as a mediator variable. Momtaz et al. (2010) revealed that personal and social religiosity can mitigate the negative impact of widowhood on the psychological well-being of elderly individuals who have experienced spousal loss. Additionally, two studies investigated the mediating role of other variables in the relationship between religiosity/spirituality and well-being. Rakrachakarn et al. (2013) proposed that life satisfaction partially mediated the association between religiosity and materialism. Furthermore, Tey et al. (2017) discovered that subjective well-being and goal setting mediated the relationship between religiosity and healthy lifestyle behavior among Malaysian Muslims.

Moderator

There are five out of 14-studies that used religiosity as a moderator variable, namely Noor (2010), Momtaz et al. (2009; 2012) and Achour et al (2015a; 2015b). In the study of prediction of women's well-being for married Malay Muslim women, Noor (2008) evaluated the three-way interaction between work experience, age, and religiosity: indicated that work experience was a significant predictor for both psychological distress and life satisfaction. Noor (2008) confirmed the findings that religiosity can provide a protective impact on women's well-being and this relationship is also moderated by age. In this situation, a moderating effect was seen, with the relation between work experience and life satisfaction being significant only for individuals with strong religiosity.

Furthermore, Momtaz et al., (2009) show that religiosity substantially moderates the relationship between chronic health problems and psychological well-being among Malay Muslim elderly aged 60 and older. According to the findings of this study, religion is a significant resource for enhancing the psychological well-being of older people with chronic health problems. Moreover, the results of Momtaz et al., (2012) moderation analysis revealed that the relationship between chronic medical conditions and psychological well-being is statistically moderated by social religiosity and personal religiosity. After controlling for selected socio-demographic factors, Momtaz et al. discovered that personal religiosity and social religiosity can reduce the negative effect of chronic medical conditions on the psychological well-being of Malay Muslim elderly.

Moreover, Achour et al. (2015a) observed that Islamic personal religiosity moderates the relationship between job strain and employee well-being. They discovered that religiosity was inversely related to job strain and positively related to well-being. In other words, the effect of job strain on well-being is significant for employees and that the personal religiosity of employees contributed to alleviating job strain and enhancing well-being. Achour et al. (2015b) reported that religion's moderating effects on the relationship between work-family demands and the well-being of working female Muslim academicians were statistically significant. According to their research work, workload, extended working hours, irregular work schedule, the number of children and their ages, and time spent on family activities are the determinants of work-family demands investigated in this study. They found that work-family demands have a negative and significant relationship with well-being. There

is also a strong and positive relationship between religiosity and female well-being, with religiosity increases employee well-being. Thus, religiosity has a moderating influence on work-family demands and the well-being of Muslim women.

Another three studies using the other elements as moderators in religiosity-well-being relationship are Rakrachakarn et al., (2013), Achour et al. (2017), and Pahlevan and Ong (2019). A study done by Rakrachakarn et al., (2013), found that religiosity has a strong and direct impact on the life satisfaction of all three ethnic groups. Thus, the ethnic subculture group in Malaysia moderates the relationship between religiosity, materialism, and life satisfaction. The levels of religiosity are not equal; they are greater among Muslim Malays than among Malaysian subcultures of Chinese and Indians. Also, the negative relationship between life satisfaction and materialism is greater among Malays than among Chinese, but not among Indians.

In addition, according to Achour et al. (2017), educational achievement moderates the relationship between religious commitment and happiness among Muslim students. According to this study, educational level was positively related to religious commitment as well as subjective satisfaction. Furthermore, students with a high level of education, more knowledge, and understanding of religion may have a better understanding of the religious practice and attain high levels of happiness.

Pahlevan and Ong (2019), on the other hand, investigated the moderating impact of education and discovered that education reduces the relationship between spirituality and quality of life and stress among Malay Muslim women with breast cancer. When education is added as a moderator, the influence of spirituality on quality of life and stress is reduced. In other words, spirituality is more significant in the psychological well-being of less-educated patients. Thus, spirituality appears to be a greater predictor of quality of life and stress among less-educated patients.

DISCUSSION

This systematic review aims to discuss the measurement used by previous researchers related to religiosity/spirituality and well-being in Malaysian's context. This paper also aims to study the other elements that are being studied together with religiosity/spirituality to improve the well-being of Malaysians. This section will assess the extent to which religiosity/spirituality as well as well-being instruments are appropriate for use in the Malaysian context.

Well-being has been defined as the experience of positive emotions such as happiness and satisfaction, as well as the development of one's potential, having some control over one's life, having a sense of purpose, and having positive relationships (Huppert, 2009). For centuries, governments and researchers have attempted to assess population well-being (Allin & Hand, 2017), but most of them did so by using a single item about life satisfaction or happiness, or a limited set of items about quality of life (Arechavala et al., 2015). Since well-being is a multidimensional construct, it cannot be adequately assessed in this manner (Dolan & White, 2007; Huppert, 2014; Kahneman & Krueger, 2006). As a result, an informative measure of well-being should include all of the major components of well-being, both hedonic and eudaimonia aspects, and cannot be reduced to a single item of income, life satisfaction, or happiness (Allin & Hand, 2017; Ruggeri et al., 2020).

The hedonic approach to well-being views it as a focus on increasing pleasure and happiness (Ryan & Deci, 2001), which focuses on three main concepts: life satisfaction, the absence of negative feelings, and increasing positive feelings (Diener et al., 1985). Another approach to well-being is the eudaimonic model, which emphasizes well-being when individuals can maximize their potential and realize it (Lent, 2004). The eudaimonic model is a psychological well-being model developed by Ryff and Keyes (1995). They contend that well-being comprises six components: self-acceptance, positive relationships with others, independence, environmental mastery, life goals, and personal growth.

All of the studies in Table 1 were identified as meeting the present study's selection criteria. The Satisfaction with Life Scale (SWLS), the WHO-5 Well-Being Index, the Subjective Happiness, Flourishing Scale, and the McGill Quality of Life Questionnaire have all been used by previous researchers. In this section, each measurement was evaluated based on the concepts of well-being as well as the measurement's ability to

generalize across all segments in the Malaysian context. Certain instruments, such as the Satisfaction with Life Scale (SWLS) and the Flourishing Scale, were found to be relevant and appropriate in the Malaysian context for measuring well-being. This is because the majority of items in both instruments are comprehensive and associated with the majority of well-being concepts such as subjective, economic, psychological, personal, physical well-being, life satisfaction, and happiness. Furthermore, both instruments can be used by future researchers who want to conduct studies on well-being in Malaysia because the items are general and fit with the complexity of Malaysian society. The SWLS and Flourishing Scale were found to be comprehensive in this study because they can assess people's well-being across religions, races, nations, and regions.

As a result, future researchers will be able to comprehensively measure Malaysian well-being by utilizing five SWLS items. Other instruments were found to be less relevant to be used because the items were specifically designed for specific groups of people, such as the elderly (The WHO-5 Well-Being Index), and patients suffering from chronic disease (McGill Quality of Life Questionnaire) rather than society at large, and could only capture one concept of well-being, such as happiness (The Subjective Happiness).

In terms of religiosity measurements, this study discovered that the Beliefs and Values Scale and The Centrality of Religiosity Scale were adequate and relevant to be used by future researchers if they intend to conduct studies in the Malaysian context. These measurements are adequate because they cover all aspects of religious matters in the world and the afterlife. Furthermore, all of the items included in the instruments are general and can capture most Malaysian religions such as Islam, Buddhism, Christianity, Hinduism, and so on. However, some of the instruments used (for example, the Muslim Attitude Towards Religiosity Scale and the Intrinsic/Extrinsic-Reversed Scale (I/E-Revised)) only account for Muslims.

Furthermore, the Religious Importance Scale developed by Putney and Middleton (1961) is tailored to Christian respondents due to the use of the word "Church" in the items. As a result, those studies can only cater to specific groups of respondents and cannot be used to generalize Malaysian respondents as a whole. According to Huber and Huber (2012), items in the instruments must be identified as meaningful and acceptable in most religious traditions, allowing for trans-religious generalization of the measure. Religious measurements should be as general as possible in order to provide generalizability, and they should be relevant and meaningful in the context of different religious traditions. Special items for different religious groups must also be considered. Specific modifications to the measurements must be made when conducting surveys with the Buddhists, Hindus, and Muslims.

Future Direction

Further research is warranted to investigate the association between religiosity and well-being in the broader Malaysian society, encompassing individuals from all religious backgrounds. Existing studies have primarily focused on Muslims in Malaysia, indicating a paucity of well-being research within the country (Table 1). To gain a comprehensive understanding of well-being among Malaysians, it is imperative to conduct more studies. While there are 14 journal articles in Malaysia that examine the link between religion and well-being, the majority of literature on this topic originates from outside the country, highlighting the scarcity of well-being research in Malaysia. Therefore, conducting additional research can contribute to a more nuanced understanding of well-being among Malaysians.

In future studies, researchers can employ well-being measures that are adaptable to the diverse Malaysian population. The Satisfaction with Life Scale (SWLS) and the Flourishing Scale are potential instruments that can capture the multi-faceted nature of well-being. However, it is suggested that researchers also consider utilizing measures of spiritual well-being to assess individuals' well-being. Research has shown that spiritual well-being enhances nurses' adaptation abilities and positively impacts their physical, social, and mental health (Allahbakhshian et al., 2010; Marandi & Azizi, 2011). By exploring spiritual well-being, researchers can gain insights into how individuals find meaning and purpose in life through their relationship with oneself, others, and a higher power.

Moreover, future studies should address the well-being of atheists and non-believers in the Malaysian context. These individuals often encounter challenges in expressing their spiritual beliefs and experiences, which can be

influenced by culture, childhood experiences, and upbringing (King et al., 2006). To comprehensively examine well-being, it is important to include diverse religious perspectives and consider the experiences of those without religious affiliations.

Additionally, researchers may consider investigating the role of religious coping as a variable to enhance nurses' well-being. Religious coping refers to the utilization of religious beliefs and practices, such as prayer and the relationship with God, to navigate stressors and adversities (Peng & Huang, 2014). This coping strategy has been recognized as an important skill that influences individuals' quality of service and care, ultimately impacting patients' quality of life and physical health (Puchalski, 2001).

In summary, further research is needed to explore the relationship between religiosity and well-being in Malaysian society, encompassing individuals from diverse religious backgrounds. Researchers should consider employing measures of spiritual well-being to gain a comprehensive understanding of individuals' well-being. Additionally, studies should encompass the well-being experiences of atheists and non-believers, while also exploring the role of religious coping as a means to enhance well-being in healthcare settings.

CONCLUSION

The aim of this systematic review is to provide a comprehensive analysis of the instruments used to measure religiosity/spirituality and well-being in Malaysian studies. While research on the relationship between religiosity/spirituality and well-being has been conducted extensively, the conceptualization and measurement of these constructs vary across studies. The diverse definitions, operationalizations, and instruments employed can lead to confusion, emphasizing the need for a systematic review to analyze and suggest guidelines for measuring religiosity/spirituality and well-being more effectively. While some papers have addressed the reasons for instrument selection, further clarification is required.

Our review highlights five measures of well-being and eight measures of religiosity/spirituality that have been utilized in the Malaysian context. Additionally, we identify important factors often studied in conjunction with religiosity/spirituality to enhance well-being in Malaysian society. Moreover, we discuss the need for future research to explore the measurement of well-being among atheists and non-believers.

However, it is important to acknowledge the limitations of our review. We focused solely on the influence of religiosity/spirituality on well-being, neglecting other potentially significant factors that contribute to the well-being of Malaysians. Further investigation is necessary to comprehensively address all relevant factors and support governmental efforts to improve the well-being of Malaysian citizens. Additionally, our review is constrained to studies conducted within Malaysia over a fifteen-year period. To obtain more robust findings regarding the measurement of religiosity/spirituality and well-being, future research should consider conducting broader reviews encompassing Southeast Asia or comparing studies conducted in Western countries. Furthermore, extending the study period may provide additional insights into religiosity/spirituality and well-being measurement.

REFERENCES

1. Aassve, A., Betti, G., Mazzuco, S., & Mencarini, L. (2008). Marital disruption and economic wellbeing. *Significance*, 5(3), 108–111. <https://doi.org/10.1111/j.1740-9713.2008.00304.x>
2. Abdel-Khalek, A. M. (2010). Quality of life, subjective well-being, and religiosity in Muslim college students. *Quality of Life Research*, 19(8), 1133–1143. <https://doi.org/10.1007/s11136-010-9676-7>
3. Abolfathi Momtaz, Y., Hamid, T. A., Ibrahim, R., Yahaya, N., & Abdullah, S. S. (2012). Moderating effect of Islamic religiosity on the relationship between chronic medical conditions and psychological well-being among elderly Malays. *Psychogeriatrics*, 12(1), 43–53. <https://doi.org/10.1111/j.1479-8301.2011.00381.x>
4. Achour, M., Grine, F., Mohd Nor, M. R., & MohdYusoff, M. Y. Z. (2015). Measuring Religiosity and Its Effects on Personal Well-Being: A Case Study of Muslim Female Academicians in Malaysia. *Journal of Religion and Health*, 54(3), 984–997. <https://doi.org/10.1007/s10943-014-9852-0>
5. Achour, M., Grine, F., & Roslan, M. N. M. (2014). Work–family conflict and coping strategies:

- Qualitative study of Muslim female academicians in Malaysia. *Mental Health, Religion and Culture*, 17(10), 1002–1014. <https://doi.org/10.1080/13674676.2014.994201>
6. Achour, M., Mohd Nor, M. R., Amel, B., Bin Seman, H. M., & MohdYusoff, M. Y. Z. (2017). Religious Commitment and its Relation to Happiness among Muslim Students: The Educational Level as Moderator. *Journal of Religion and Health*, 56(5), 1870–1889. <https://doi.org/10.1007/s10943-017-0361-9>
 7. Achour, M., Mohd Nor, M. R., & Mohd Yusoff, M. Y. Z. (2015). Work–Family Demands and Subjective Well-being among Female Academicians: The Role of Muslim Religiosity. *Review of Religious Research*, 57(3), 419–433. <https://doi.org/10.1007/s13644-015-0221-6>
 8. Achour, M., Mohd Nor, M. R., & MohdYusoff, M. Y. Z. (2016). Islamic Personal Religiosity as a Moderator of Job Strain and Employee’s Well-Being: The Case of Malaysian Academic and Administrative Staff. *Journal of Religion and Health*, 55(4), 1300–1311. <https://doi.org/10.1007/s10943-015-0050-5>
 9. Allahbakhshian, M., Jaffarpour, M., & Parvizy, S. (2010). The relationship between spiritual well-being and quality of life among elderly people. *Iranian Journal of Nursing and Midwifery Research*, 15(2), 77–83.
 10. Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*. <https://doi.org/10.1037/a0016998>
 11. Bonsignore, M., Barkow, K., Jessen, F., & Heun, R. (2001). Validity of the five-item WHO Well-Being Index (WHO-5) in an elderly population. *European Archives of Psychiatry and Clinical Neuroscience*, 251(S2), 27–31. <https://doi.org/10.1007/bf03035123>
 12. Casas, F., Castellá, S. J., Abs, D., Coenders, G., Alfaro, J., Saforcada, E., & Tonon, G. (2012). Subjective indicators of personal well-being among adolescents. Performance and results for different scales in latin-language speaking countries: A contribution to the international debate. *Child Indicators Research*, 5(1), 1–28. <https://doi.org/10.1007/s12187-011-9119-1>
 13. Centeio, E. E., Somers, C. L., Moore, E. W. G., Garn, A., Kulik, N., Martin, J., Shen, B., & McCaughtry, N. (2020). Considering Physical Well-Being, Self-perceptions, and Support Variables in Understanding Youth Academic Achievement. *Journal of Early Adolescence*, 40(1), 134–157. <https://doi.org/10.1177/0272431619833493>
 14. Chesser, S., Swanson, S., Garey, E., & Hood, R. W. (2018). Religious and non-religious predictors of life satisfaction in a sample of American college students. *Mental Health, Religion and Culture*, 21(4), 418–428. <https://doi.org/10.1080/13674676.2018.1504905>
 15. Chokkanathan, S. (2013). Religiosity and well-being of older adults in Chennai, India. *Aging and Mental Health*, 17(7), 880–887. <https://doi.org/10.1080/13607863.2013.790924>
 16. Cohen, S. R., Mount, B. M., Strobel, M. G., & Bui, F. (1995). The McGill quality of life questionnaire: A measure of quality of life appropriate for people with advanced disease. A preliminary study of validity and acceptability. *Palliative Medicine*, 9(3), 207–219. <https://doi.org/10.1177/026921639500900306>
 17. Ellison, C. G. (2011). Religious Involvement and Subjective Well-Being. *Health (San Francisco)*, 32(1), 80–99.
 18. Fritz, H. L. (2020). Why are humor styles associated with well-being, and does social competence matter? Examining relations to psychological and physical well-being, reappraisal, and social support. *Personality and Individual Differences*, 154(September 2019), 109641. <https://doi.org/10.1016/j.paid.2019.109641>
 19. Fritz, H. L., & Gallagher, B. P. (2020). Three dimensions of desirability of control: divergent relations with psychological and physical well-being. *Psychology and Health*, 35(2), 210–238. <https://doi.org/10.1080/08870446.2019.1638512>
 20. Harris, S. J. (2001). Religiosity and Psychological Well-Being among Older Adults: A Meta-Analysis [Carlos Albizu University]. <https://doi.org/10.16953/deusbed.74839>
 21. Hassan, Z., Dollard, M. F., & Winefield, A. H. (2010). Work-family conflict in East vs western countries. *Cross Cultural Management*, 17(1), 30–49. <https://doi.org/10.1108/13527601011016899>
 22. Hossain, M., Asadullah, M. N., & Kambhampati, U. (2019). Empowerment and life satisfaction: Evidence from Bangladesh. *World Development*, 122, 170–183. <https://doi.org/10.1016/j.worlddev.2019.05.013>

23. Htut, Y., Shahrul, B. K., & Poi, P. J. H. (2007). The views of older Malaysians on advanced directive and advanced care planning: A qualitative study. *Asia-Pacific Journal of Public Health*, 19(3), 58–67. <https://doi.org/10.1177/101053950701900310>
24. Ibrahim, N., Che Din, N., Ahmad, M., Amit, N., Ghazali, S. E., Wahab, S., Abdul Kadir, N. B. Y., Halim, F. W., & Halim, M. R. T. A. (2019). The role of social support and spiritual wellbeing in predicting suicidal ideation among marginalized adolescents in Malaysia. *BMC Public Health*, 19(Suppl 4), 1–8. <https://doi.org/10.1186/s12889-019-6861-7>
25. Imam, S. S., Nurullah, A. S., Makol-Abdul, P. R., Rahman, S. A., & Noon, H. M. (2009). Spiritual and psychological health of Malaysian youths. *Research in the Social Scientific Study of Religion*, 20, 85–101. <https://doi.org/10.1163/ej.9789004175624.i-334.28>
26. Kaliampos, A., & Roussi, P. (2017). Religious beliefs, coping, and psychological well-being among Greek cancer patients. *Journal of Health Psychology*, 22(6), 754–764. <https://doi.org/10.1177/1359105315614995>
27. Kent, B. V., Davidson, J. C., Zhang, Y., Pargament, K. I., VanderWeele, T. J., Koenig, H. G., Underwood, L. G., Krause, N., Kanaya, A. M., Tworoger, S. S., Schachter, A. B., Cole, S. A., O’Leary, M., Cozier, Y. C., Daviglius, M. L., Giachello, A. L., Zacher, T., Palmer, J. R., & Shields, A. E. (2021). Religion and Spirituality among American Indian, South Asian, Black, Hispanic/Latina, and White Women in the Study on Stress, Spirituality, and Health. *Journal for the Scientific Study of Religion*, 60(1), 198–215. <https://doi.org/10.1111/jssr.12695>
28. Khan, A. (2013). Predictors of Positive Psychological Strengths and Subjective Well-Being Among North Indian Adolescents: Role of Mentoring and Educational Encouragement. *Social Indicators Research*, 114(3), 1285–1293. <https://doi.org/10.1007/s11205-012-0202-x>
29. King, M., Jones, L., Barnes, K., Low, J., Walker, C., Wilkinson, S., Mason, C., Sutherland, J., & Tookman, A. (2006). Measuring spiritual belief: Development and standardization of a beliefs and values scale. *Psychological Medicine*, 36(3), 417–425. <https://doi.org/10.1017/S003329170500629X>
30. Makridis, C. A., Johnson, B., & Koenig, H. G. (2020). Does Religious Affiliation Protect People’s Well-Being? Evidence from the Great Recession after Correcting for Selection Effects. *Journal for the Scientific Study of Religion*, 00(1997), 1–22. <https://doi.org/10.1111/jssr.12700>
31. Malinakova, K., Kopcakova, J., Kolarcik, P., Geckova, A. M., Solcova, I. P., Husek, V., Kracmarova, L. K., Dubovska, E., Kalman, M., Puzova, Z., van Dijk, J. P., & Tavel, P. (2017). The Spiritual Well-Being Scale: Psychometric Evaluation of the Shortened Version in Czech Adolescents. *Journal of Religion and Health*, 56(2), 697–705. <https://doi.org/10.1007/s10943-016-0318-4>
32. Marandi, S. A., & Azizi, A. (2011). Exploring the relationship between spiritual well-being, happiness, and life satisfaction in physicians. *Journal of Religion and Health*, 50(3), 936–953.
33. Michaels, J. L., Petrino, J., & Pitre-Zampol, T. (2021). Individual Differences in Religious Motivation Influence How People Think. *Journal for the Scientific Study of Religion*, 60(1), 64–82. <https://doi.org/10.1111/jssr.12696>
34. Momtaz, Y. A., Hamid, T. A., & Yahaya, N. (2009). The role of religiosity on relationship between chronic health problems and psychological well-being among Malay Muslim older persons. *Research Journal of Medical Sciences*, 3(6), 188–193.
35. Momtaz, Y. A., Hamid, T. A., Yahaya, N., & Ibrahim, R. (2010). Religiosity among older Muslim Malaysians: Gender perspective. *Journal of Muslim Mental Health*, 5(2), 210–220. <https://doi.org/10.1080/15564908.2010.487731>
36. Momtaz, Y., Ibrahim, R., Hamid, T., & Yahaya, N. (2010). Mediating effects of social and personal religiosity on the psychological well being of widowed elderly people. *Omega: Journal of Death and Dying*, 61(2), 145–162. <https://doi.org/10.2190/OM.61.2.d>
37. Murken, S., & Shah, A. A. (2002). Naturalistic and Islamic approaches to psychology, psychotherapy, and religion: Metaphysical assumptions and methodology: A discussion. *International Journal for the Psychology of Religion*, 12, 239–254.
38. Noor, N. M. (2008). Work and women’s well-being: Religion and age as moderators. *Journal of Religion and Health*, 47(4), 476–490. <https://doi.org/10.1007/s10943-008-9188-8>
39. Pahlevan Sharif, S., & Ong, F. S. (2019). Education Moderates the Relationship Between Spirituality with Quality of Life and Stress Among Malay Muslim Women with Breast Cancer. *Journal of Religion and Health*, 58(4), 1060–1071. <https://doi.org/10.1007/s10943-018-0587-1>

40. Rakrachakarn, V., Moschis, G. P., Ong, F. S., & Shannon, R. (2013). Materialism and Life Satisfaction: The Role of Religion. *Journal of Religion and Health*, 54(2), 413–426. <https://doi.org/10.1007/s10943-013-9794-y>
41. Ryff, C. D. (1995). Psychological Well-Being in Adult Life. *Current Directions in Psychological Science*, 4(4), 99–104. <https://doi.org/10.1111/1467-8721.ep10772395>
42. Sabri, M. F., Dass, T. M., Burhan, N. A. S., Wahab, H. A. R. @ A., Rusitha, W., & Simanjuntak, M. (2021). Determinants of Life Satisfaction among Female-Headed Households in Malaysia. *International Journal of Business and Society*, 22(1), 276–295. <https://doi.org/10.33736/ijbs.3175.2021>
43. Shaffril, H. A. M., Samsuddin, S. F., & Abu Samah, A. (2020). The ABC of systematic literature review: the basic methodological guidance for beginners. *Quality and Quantity*. <https://doi.org/10.1007/s11135-020-01059-6>
44. Sharif Nia, H., Pahlevan Sharif, S., Goudarzian, A. H., Allen, K. A., Jamali, S., & Heydari Gorji, M. A. (2017). The Relationship between Religious Coping and Self-Care Behaviors in Iranian Medical Students. *Journal of Religion and Health*, 56(6), 2109–2117. <https://doi.org/10.1007/s10943-017-0376-2>
45. Tey, S. E., Park, M. S. A., & Golden, K. J. (2018). Religiosity and Healthy Lifestyle Behaviours in Malaysian Muslims: The Mediating Role of Subjective Well-Being and Self-Regulation. *Journal of Religion and Health*, 57(6), 2050–2065. <https://doi.org/10.1007/s10943-017-0420-2>
46. Treas, J., Lippe, T. van der, & ChloeTai, T. (2011). The Happy Homemaker ? Married Women’s Well-Being in Cross-National Perspective. *Social Forces*, 90(1), 111–132.
47. Unterrainer, H., Lewis, A., & Fink, A. (2014). Religious / spiritual well-being, personality and mental health: A review of results and conceptual issues. *Journal of Religion and Health*, 53(2), 382–392.
48. Vinson, E. S. (2013). the Impact of Religiosity Dimensions and Ethnic Identity on Well-Being in African American Women.
49. Walker, M. E. (2009). Relationship of spirituality, subjective well-being, and psychological well-being in a population of African American college students (Issue August). Tennessee State University.
50. Wilde, A., & Joseph, S. (1997). Religiosity and personality in a Moslem context. *Personality and Individual Differences*, 23(5), 899–900. [https://doi.org/10.1016/S0191-8869\(97\)00098-6](https://doi.org/10.1016/S0191-8869(97)00098-6)
51. Wu, S., Ellingson, S., Hagstrom, P., & Kucinkas, J. (2020). Religion and Refugee Well-Being: The Importance of Inclusive Community. *Journal for the Scientific Study of Religion*, 0, 1–18. <https://doi.org/10.1111/jssr.12702>
52. Yiengprugsawan, V., Seubsman, S. ang, & Sleigh, A. C. (2012). Health, Well-being, and Social Indicators Among Monks, Prisoners, and Other Adult Members of an Open University Cohort in Thailand. *Journal of Religion and Health*, 51(3), 925–933. <https://doi.org/10.1007/s10943-010-9410-3>
53. Zhang, K. C., Hui, C. H., Lam, J., Lau, E. Y. Y., Cheung, S. fai, & Mok, D. S. Y. (2014). Personal Spiritual Values and Quality of Life: Evidence from Chinese College Students. *Journal of Religion and Health*, 53(4), 986–1002. <https://doi.org/10.1007/s10943-013-9686-1>
54. Ziapour, S. S., Dusti, Y. A., & Asfajir, A. A. A. (2014). The correlation between happiness and deathanxiety: A case study in health personnel of Zareh hospital of Sari. *European Journal of Experimental Biology*, 4(2), 172–177