

The Impact of Islamic Religious Practices on Job Anxiety and Quality of Life of Government Muslim Teachers

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ABSTRACT

The present study examined the impact of regularly performed religious practices on job anxiety and quality of life of government Muslims teachers. For this purpose a total of 200 subjects belonging to Muslim religious community of age ranging from 40 to above were taken for the study. The subjects were consisted of two groups of subjects, who reported to perform the religious prayers (Salah) five times a day (100Ss) and the subjects who were not regular at such religious prayers (100Ss). Job anxiety Scale constructed by A.K. Srivastava and PGI quality of life inventory, constructed by Moudgil, S.K. Verma and Kaur was used for the purpose of measuring variables under study. The Mean, S.D. and t-test was used for the purposed of statistically analyse the obtained data. The results indicate that Muslim government teachers who perform regular five time prayer (Salah) daily live the greater qualities of life and they have low anxiety level but Muslim government teacher who do not perform prayer five time regularly face the more anxiety and they have the low qualities of life.

Keywords: *Religious practices, Salah, job anxiety, quality of life, Muslim, government teacher.*

According to the Quran "Beware! In remembrance of Allah do hearts find peace" (13:28) (1981). The importance of prayer in Islam is the highest as it is the foremost duty of Muslims and one of the pillars on which the structure of Islam stands. It is one of the distinguishing factors for Muslims from non- Muslims. The Prophet Muhammad (PBUH), said: "What stands between a man and disbelief is the abandonment of prayer. Knows that among your duties, prayer is foremost. The American Cancer Society "TLC" web site reports that studies have found that spirituality and religion are very important to the quality of life for many people with cancer (Peteet; 2013, Society;2016). Some studies have found that prayer may be an effective addition to conventional medical care. In addition, the Society comments, "Prayer can provide an active means of coping with the stress of illness (Peteet; 2013, Society; 2016). In the face of suffering, belief in Allah and prayer can provide purpose, meaning and hope. Sometimes answers come from prayer when medical science has none (Peteet; 2013).

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"This Arabic word "Salah or Salat," does not only mean "prayer," because "pray" basically means to address a prayer to Allah or another deity, according to the Oxford Dictionary, "Salat" is a word with a broad meaning, which does not only mean prayer, but also means goodness, righteousness and godliness. According to Barks (2008), no single word in English fits for the Arabic word Salat, which is "a devotional heart- surrender" that incorporates prayer, supplication, grace, and blessing. Salat, in the true sense is programming or conditioning. The prayer conditions us to stay away from forbidden and shameful actions, and encourages us to do righteous and sensible actions. Since we humans have free will, this conditioning will help and enable us to stay away from forbidden things, and enjoin on what is not forbidden.

A healthy body requires 3 times meal a day. Similarly, the spiritual soul requires 5 times Salat a day. It is very calming and relaxing, because in the Salat, there are no actions which require a strength and power. The Prophet Muhammad peace be upon him (PBUH), instructed and strongly reminded us in Salât to meditate upon the presence of Allah who is watching the devotee. A state of trance is reached when he really meditates upon it.

The World Health Organization's Quality of Life assessment group defines quality of life as "individuals' perception of their position in life in the context of the culture and the value system in which they live and in relation to their goals, expectations, standards and concerns" (WHOQOL 1995).. What influences quality of life? Two potential determinates are objective and subjective factors (Hagerty et. al 2001). Objective factors include income, health, marital status, gender, and age. Intuitively we may think that having more of these things means greater quality of life.

However, in the area of happiness research, objective factors are less powerful than one might expect. (Lyubomirsky et al. 2005) propose that objective factors account for about 8–15% of the difference in happiness. Quality of life research has also acknowledged the distinction between objective and subjective factors (Bowling, 2003, Cummins 2000). (Hagerty et al. 2001) propose that all quality of life scales need to measure both objective and subjective aspects of each domain. Researchers are encouraged to assess actual circumstances of life, such as health, income, age and marital status as well as cognitive and motivational processes that influence self-evaluations of these circumstances.

Anxiety is one of the important normally and regularly occurring emotions, which can be observed throughout all human cultures and in several animal species. Some of the actual most prominent medical and public health problems like anxiety disorders or depression are based on the pathology of feelings (Damasio and Carvalho, 2013). While recent data show that the basic facial expression of emotions is also modulated by culture-specific influences, fundamental emotional expressions such as anxiety or fear originate presumably from the beginning of human ontogeny as biologically hardwired and universal signals (Jack et al., 2013).

Particularly in the post recession world, many of us are face-to-face with a number of unpredictable and frightening issues: high unemployment, underemployment, reorganizations, downsizing, shaky job security, and the prospects of a slow climb back to prosperity. Besides having to work harder without an obvious and clear payback, we have to live with higher levels of anxiety. We feel a bit panicky: our hearts race, we fret, lies awake late at night in a sweat, second-guess ourselves, imagine what could be, and scan our work

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worlds for clues about what is going to happen. All of those symptoms are markers of anxiety. Anxiety arises when we feel a strong sense of threat to a value that we hold dear (May, 1977).

It may involve our beliefs in self-effectiveness, being successful, having a good lifestyle or a productive career, among other things. Although anxiety's symptoms closely resemble outright fear, there is a key difference. Anxiety originates inside of us because our very sense of self becomes threatened. Unlike facing an armed terrorist or a careening, out-of-control automobile, we cannot identify a single external source as we desperately seek a way to avoid or deal with the threat. We feel the dimensions of fear without being able to focus on a particular person or situation. Anxiety lives inside of us.

On the other hand, we know that a certain base level of normal anxiety actually helps us perform. The edginess, alertness, and unsettled feeling can give us energy. We also know, as Rollo May (1977) said, that "anxiety is essential to the human condition". Some anxiety is normal and inescapable. The critical question is how much anxiety we feel, or our clients and their employees feel, and what we do about it as managers and consultants. So how does anxiety affect us at work? (Mortensen 2014)

METHODOLOGY

Participant: Sample of the present investigation consisted of 200 government teachers with age 40 to above and belonging to Muslim community. Among them 100 subjects were those who offer prayer five times regularly and while 100 subjects were those who were not regular in offering prayer five times daily.

Design

A between group design was used in the research. In this the variable Regular Religious Prayers (*Salah*) was consisted of two groups of two groups, i.e., who offer prayer five times regularly and the subjects who were not regular in offering prayer five times daily.

Instruments:

Two measures were used in this study,

- 1. Job Anxiety Scale-** This scale was developed and standardized by A.K. Srivastava (Kanpur). The scale consists of 49 items with yes/no response pattern. The split half, reliability was found to be .94 and the correlation coefficient was found to be .89. The present scale posse's high content validity. The items were collected from existing standard literature and scales and checked by the expert's rating. The coefficient of correlation between the job anxiety scale and Srivastav and Tiwari's manifest anxiety scale and Sarason's general anxiety scale were .63 (N=190) and .59 (N=110) respectively. It is a self administering scale containing 49 statements, which can be administered to either individually or in a group. "Some statements are given in this inventory. You have to answer a positive or negative. Whichever you think to be most suitable. Put cross (x) mark in front of 'Yes' or 'No' as per your selected answer. The possible range of the scores varies from 55 (minimum) to 92 (maximum) high rating indicated high, anxiety whereas low rating indicate low anxiety of the employees.
- 2. PGI Quality of Life Scale-** PGI quality of life scale (Hindi Version) developed by Moudgil, S.K. Verma and Kaur in 1998 was used. As this is a general scale for assessing Quality Of life, attempt was made to have only the most general area covered and not any disease specific disability items. It consists of 26 items. Each

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item has five responses ranging from low to high degree. The range of score is in between 26 to 130. Higher score indicating greater quality of life. The reliability of this scale was determined by Inter-rater, inter-scorer, test- retest, split-half and self-other rating method which were found to be .89, .99,.79,.72 and .81 respectively. Face and concurrent validity was also found to be high for this scale.

Procedure

All the subjects included in the sample were contacted individually and their responses were taken on job anxiety, and PGI quality of life scale. They were assured that their responses would be kept confidential.

RESULTS

Table: Mean, S.D and t-value two groups of subjects for job anxiety and quality of life

Measures	Ss offering prayer			Ss not offering prayer			t-value
	N	Mean	S.D	N	Mean	S.D	
Job anxiety	100	50.12	7.68	100	78.26	5.70	29.40**
QOL	100	113.04	7.36	100	78.12	9.57	28.92**

As evident from the above table that the mean job anxiety score of Muslim government teacher subjects participating in prayers regularly five times a day was 50.12 and the mean job anxiety score of subjects who do not participate in such prayers was 78.26. The difference between the two means was significant beyond .01 level of confidence ($t = 29.40$; $p < 0.01$).

The mean quality of life score of government Muslim teacher subjects participating in prayers regularly five times a day was 113.04 and the mean quality of life score of subjects who do not participate in such prayers was 78.12. The difference between the two means was significant beyond .01 level of confidence ($t = 28.92$; $p < 0.01$).

DISCUSSION

The result in the table reveals that Muslim government teacher subjects regular in performing prayer (Salah) of five times a day were significantly experiencing low anxiety than who do not participate in such prayer (Salah) regularly. Subjects face the high anxiety who do not participate in such prayer five times regularly.

In our study the mean score of anxiety in teachers in case group reduced after praying. Researches show that religion, belief and spirituality play an important role in management of anxiety, sickness, and disease. Religious coping has been widely used by patients with all types of chronic diseases, including cancer. Many current studies focus on the importance of prayer, and communicating with God in curing the patients and affecting their well-being (Baqtayan 2012). Some studies on various diseases including cancer indicated the impact of praying on patients out come for example anxiety, depression (Townsend et.al 2000).

Prayer brings optimism, hope, and a range of positive feelings. All of these positive emotions come from the inner realization that the Life you live have a deeper and broader meaning than what your superficial mind can grasp. On top of that, you will get a sense of security from being connected to a depth in your life.

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There are some studies about prayer in other medical fields. They found that private prayer was more effective than intercessory prayer in patients with rheumatoid arthritis (Matthews et.al 2000) and other study revealed positive effect of prayer on blood pressure (Safavi et.al 2007). Some researchers found that after the prayer therapy physical health measures improved significantly (Jahangir et.al 2008).

The result in the same table reveals that Muslim government teacher subjects regular in performing prayer (Salah) of five times a day were significantly have greater quality of life than who do not participate in such prayer (Salah) regularly. Subjects have the low qualities of life who do not participate in such prayer five times regularly. Salah provide the human a specially force for fight with negativity and increase the motivational feelings. Prayer (Salah) can a best way for make the qualitative life, if we are perform the prayer (salah) regularly because researchers also have found that using prayer can improve quality of life (Johnson et.al 2009, Seyed et.al 2007).

Reviewing previous studies showed that most studies have focused on general QOL in the participants and its association with religious attitudes. (Salmabadi, *et.al* 2016) showed that in comparison with addict persons, non-addicts had a better QOL and religious attitudes and a significant correlation between QOL and religious attitudes in addict and non-addict persons was observed. Also, (Nasiry *et.al* 2016) in Tehran demonstrated that spiritual faith in religious issues was significantly related to QOL in terms of mental dimension in patients with multiple sclerosis.

Boelens et al. (2012) conducted a study in the USA on prayer intervention consisting of six weekly one-hour prayer sessions in an office setting. The results showed significantly decreased depression and anxiety, more optimism and greater levels of spiritual experience than the baseline (pre-prayer) measures. Finally, they emphasized that direct person-to-person prayer may be useful as an adjunct to standard medical care for patients with depression and anxiety. In a study on 179 patients with cancer, results showed that depressive symptoms were negatively correlated with adoration prayer, reception prayer, thanksgiving prayer and prayer for the well-being of others and patients who prayed further had a better mental health and less psychological disorders (Perez et al., 2011).

CONCLUSION

According to the findings, it can be concluded that the religious practice (Salah) can influence on improving the anxiety and QOL in Muslim government teachers. Therefore the Muslim government teacher who perform regular five time prayer (Salah) daily live the greater qualities of life and they have low anxiety level but Muslim government teacher who do not perform prayer five time regularly face the more anxiety and they have the low qualities of life.

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