Applying the Islamic Mental Health Model in the Malaysian Public Service: A Case Study of Workplace Practices and Coping Strategies

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ABSTRACT

This study applies the Islamic Mental Health Model (IMHM) to the Malaysian public service, examining how Malay Muslim civil servants draw on faith-based resources to sustain mental well-being and ethical conduct at work. Amid rising psychological distress, burnout, and ethical strain, existing interventions often overlook local religious–cultural realities. The IMHM, grounded in Habluminallah (relationship with Allah) and Habluminannas (relationship with others), offers a contextualised alternative for promoting mental health and governance. Using a qualitative case study design, 12 Malay Muslim employees from two public sector organisations were interviewed through semi-structured formats. Thematic analysis revealed how participants internalise and enact IMHM constructs such as tawakkul, sabr, ikhlas, solat, du'a, syukr, amanah, 'adl, rahmah, and ukhuwah, while also rejecting unethical practices like bribery and bullying. Findings suggest that spiritual practices serve as tools for emotional regulation and meaning-making, while ethical values shape decision-making and interpersonal conduct. However, tensions between Islamic imperatives and bureaucratic norms emerge, highlighting structural and cultural barriers to both mental health and ethical action. The study argues that IMHM protects psychological well-being and enhances moral responsibility by framing public service as both a civic duty and a religious obligation. Recommendations include integrating IMHM into public sector training, supervisory systems, and wellness initiatives. This aligns with Malaysia's National Mental Health Strategic Plan, Sustainable Development Goals (3 and 8), and ESG-linked governance reform. The study contributes to Islamic psychology by situating faith-informed mental health within the lived realities of bureaucratic life.

Keywords: Islamic Mental Health Model (IMHM); Malay Muslim public servants; Faith-based coping; Workplace mental health; Ethical governance

INTRODUCTION

Employees' mental health directly shapes organisational effectiveness, individual productivity, and national progress. In Malaysia's public sector, this issue has become a growing concern as employees face mounting pressures from bureaucratic complexity, increasing workloads, emotional labour, and performance-based evaluations. During the COVID-19 pandemic, these stressors intensified and exposed public servants to higher risks of burnout, uncertainty, and mental exhaustion, especially when the government required them to maintain essential services during prolonged lockdowns and health emergencies. In 2019, policymakers and stakeholders increasingly recognised mental health concerns among public servants after the National Health and Morbidity Survey (NHMS, 2019) reported that nearly 1 in 3 Malaysian adults experience mental health issues, with work-related stress as a major contributor.

Hassan et al. (2018) found that government employees are particularly vulnerable to burnout, anxiety, and occupational disengagement. This problem has persisted from the COVID-19 pandemic era through 2025 and remains unresolved. Early this year, the Malaysian minister raised the issue during a parliamentary debate.

Recent government data further underscores the growing concern about psychological well-being in Malaysia's public sector. Through the Public Service Psychological Health Digital Profiling System (MyPsyD), the government identified 44,901 civil servants as being at high risk for mental health problems, including depression, anxiety, substance abuse, and suicidal tendencies. This figure is alarming, representing 4.6% of the 975,780 officers screened between March and December 2024 (Bernama, 2025). In response to this worrying situation, Dr Zaliha Mustafa, Minister in the Prime Minister's Department, officiated at the MyPsyD initiative, developed by the Public Service Department (JPA) to enable early identification and risk profiling in support of preventive mental health strategies. The system introduces several interventions, namely: (i) immediate referrals to specialists, (ii) psychotherapeutic interventions, (iii) monitoring by psychological officers, and (iv) implementation of Integrated Intervention Management Guidelines and training programs under the Psychological Management Division (BPPs).

However, despite growing awareness, policymakers and practitioners in Malaysia still model most interventions on Western frameworks, which often fail to resonate with local cultural and religious contexts. Islamic teachings shape the identity, values, and worldview of the Malay Muslim majority, yet researchers and practitioners in Malaysia still derive most mental health strategies from Western models (alHarbi, Farrand, and Laidlaw, 2023; Mohammad et al., 2019; Rathod and Kington, 2009) and often neglect this religious-cultural context. Since the problem remains unresolved, scholars and policymakers may now need to prioritise Islamic-based interventions. By embedding Islamic teachings, public employees may discover more familiar and subtle solutions. These workplace realities highlight the urgent need for mental health frameworks that deliver effective outcomes and align with cultural and spiritual values.

In Malaysia, the public sector employs a large proportion of the workforce, and Malay Muslims form a significant majority of these employees. Civil servants, who are responsible for executing national policies and delivering public services, often work under considerable psychological strain. Bureaucratic rigidity, pressure to meet key performance targets, and public scrutiny, especially during the COVID-19 pandemic, have increased their vulnerability to stress, emotional fatigue, and job burnout. Since then, many may have continued to struggle with these issues. If leaders and organisations fail to address this situation, the problem will exert an even more detrimental impact on employees' well-being in the long run.

In Muslim-majority contexts like Malaysia, Islamic teachings play an integral role in shaping how individuals perceive stress, resilience, and well-being. Hence, to address this gap between secular psychological models and faith-based lived realities, the Islamic Mental Health Model (IMHM) is introduced as a culturally appropriate alternative. Rooted in the Qur'an and Sunnah, the IMHM promotes holistic well-being by integrating both Habluminallah (relationship with Allah) and Habluminannas (relationship with others), reflecting a dual axis of spiritual and social harmony.

This gap motivated the researchers to develop the Islamic Mental Health Model (IMHM), which was first presented in an earlier conceptual chapter titled "Keeping Public Servants' Mental Health Intact During and Post COVID-19 Pandemic through the Islamic Mental Health Model" (Ku Ishak, Razak, & Jamaluddin, 2021). The researcher introduced this model based on two foundational components of Islamic psychological well-being: Habluminallah (relationship with Allah) and Habluminannas (relationship with others), and advocates a holistic understanding of mental health that integrates both spiritual and social dimensions. Together, these two principles promote a holistic, balanced view of mental health, grounded in spiritual fulfilment and social harmony. This perspective draws deeply from Islamic teachings in the Quran and Hadiths. The Habluminallah dimension emphasises a believer's direct connection with Allah through acts of worship (ibadah), sincerity (ikhlas), patience (sabr), trust in divine wisdom (tawakkul), and the pursuit of spiritual calmness through remembrance (dhikr). Believers do not perform these practices merely as ritual obligations; they also rely on them as psychological anchors during times of stress, uncertainty, and adversity.

Problem Statement

Despite increasing national concern over workplace mental health, especially among civil servants, many mental health strategies currently employed in Malaysia remain rooted in secular or Western psychological frameworks, which may not fully reflect the spiritual and ethical realities of Malaysia's Muslim-majority workforce. This gap

becomes more evident when considering that a large proportion of public servants in Malaysia are Malay Muslims, for whom religious values significantly influence emotional resilience, motivation, and daily conduct. Consequently, current interventions fail to align with the cultural-religious context of the people they aim to support.

Earlier, Ku Ishak et al. (2021) introduced the conceptual Islamic Mental Health Model (IMHM) based on Hablumminnallah and Hablumminnannas from the Quran. The conceptual chapter introduced the Islamic Mental Health Model (IMHM) as a response to this disconnect, integrating Habluminallah (relationship with Allah) and Habluminannas (relationship with others) to create a more faith-aligned framework for mental well-being. However, the model remains underexploited in practice. There is currently no empirical study examining how Muslim public servants interpret or implement this model in their daily work. Do they see ibadah, sabr, or tawakkul as sources of psychological strength? Do they consciously apply Habluminannas values such as compassion, justice, and respect in their work relationships? These questions remain unanswered, creating a significant knowledge gap. Addressing this gap is not merely academic; it is practically urgent. Civil servants are the backbone of national governance, and their mental resilience and moral integrity have far-reaching implications for public trust, national service delivery, and ethical governance. In recent years, recurring reports of workplace stress, unethical conduct, and emotional burnout among public officers have raised concerns about the erosion of both psychological well-being and ethical standards. If internalised and genuinely practised, the IMHM could serve not only as a personal coping strategy but also as a moral compass and a preventive measure against maladaptive behaviour such as bribery, bullying, and abuse of power.

This study, therefore, is initiated with a dual purpose: i) To explore how Malay Muslim public servants experience and apply the spiritual and ethical teachings embedded in the IMHM in real workplace contexts, and ii) To assess whether these practices contribute to mental resilience, emotional well-being, and moral conduct at work. Notably, understanding these dynamics can support the development of a faith-based mental health training module to help civil servants internalise and operationalise IMHM principles in their daily professional and personal routines. Public sector agencies could institutionalise such a module within public service induction programs or workplace wellness initiatives. It would offer not just therapeutic benefits but also spiritual guidance rooted in Islamic tradition, promoting ethical behaviour, compassion, and inner strength. The Qur'an and Hadith are clear on the importance of nurturing both the inner self and outward conduct. Allah SWT says: "Indeed, Allah will not change the condition of a people until they change what is in themselves." (Surah Ar-Ra'd, 13:11). This verse emphasises personal responsibility and self-reformation, which are the essence of Habluminallah. Similarly, the Prophet Muhammad (PBUH) taught: "The strong is not the one who overcomes people with his strength, but the one who controls himself while in anger." (Sahih al-Bukhari, 6114). This hadith points to the core emotional competencies required for mental resilience, self-regulation, patience (sabr), and emotional mastery, which are all components of the IMHM. Moreover, the Prophet (PBUH) himself exemplified Habluminannas through his dealings with companions, adversaries, and the community. He was known for saying: The best among the people is those who have the best manners and character, (Sahih al-Bukhari, 3559). In the context of public service, these teachings play a vital role. Civil servants who stay spiritually grounded (Habluminallah) and ethically conscious (Habluminannas) are more likely to uphold public trust, work with sincerity (ikhlas), and serve with empathy and justice. Therefore, this study not only addresses an academic need but also carries social and spiritual relevance. It asks a fundamental question: Can Islamic values, when consciously integrated, act both as a shield against workplace stress and as a light that guides ethical public service? If the findings support this idea, they may pave the way for systemic change in how Malaysia's public administration approaches mental health and moral responsibility.

In line with the preceding discussion, this study seeks to address the following research questions and achieve the corresponding research objectives.

Research Questions

RQ1: How do Malay Muslim public servants in a selected government ministry in Malaysia conceptualise and interpret the Islamic Mental Health Model (IMHM) in relation to their roles and responsibilities?

RQ2: How do these public servants describe their utilisation of IMHM-related spiritual practices as coping strategies for workplace stress and organisational demands within the ministry?

RQ3: How do Malay Muslim public servants in this ministry perceive the influence of IMHM-based spiritual coping on their resilience and psychological well-being at work?

RQ4: How do they experience and enact IMHM-informed values in shaping their ethical behaviour, decision-making processes, and interpersonal interactions in the workplace?

Research Objectives

RO1: To explore how Malay Muslim public servants in a selected government ministry in Malaysia understand and interpret the Islamic Mental Health Model (IMHM) in the context of their work roles.

RO2: To describe how these public servants use IMHM-related spiritual practices as coping strategies for workplace stress and organisational pressures in the ministry.

RO3: To examine how Malay Muslim public servants in this ministry perceive the effects of IMHM-based spiritual coping on their resilience and psychological well-being at work.

RO4: To analyse how they experience and enact IMHM-informed values in shaping their ethical behaviour, decision-making, and interpersonal interactions in the workplace.

Scope of the Study

This qualitative case study investigates how Malay Muslim employees in two Malaysian public sector organisations apply the principles of the Islamic Mental Health Model (IMHM), centred on Habluminallah (relationship with Allah) and Habluminannas (relationship with others) to sustain psychological well-being, ethical conduct, and work resilience. The focus is on civil servants from middle- and lower-management levels across administrative, technical, and frontline roles, with a minimum of two years of public service experience to ensure depth of reflection on workplace coping strategies. Participants are selected based on four criteria: (i) Malay Muslim identity, (ii) current employment in Malaysian public organisations, (iii) relevant tenure in service, and (iv) willingness to share experiences regarding faith, well-being, and work. This demographic and organisational focus is intentional, given the strong institutionalisation of Islamic values within Malaysia's bureaucratic and governance systems. Public sector organisations provide a fitting context due to their hierarchical structures, formal ethical codes, KPI-driven cultures, and embedded Islamic influences. Thematically, the study explores: i) Mental health maintenance in the face of job stress and burnout, ii) Ethical decision-making informed by Islamic values (e.g., ikhlas, sabr, taqwa, dhikr), iii) Faith-based resilience and motivation, and iv) Interpersonal ethics (e.g., fairness, anti-corruption, anti-bullying). This study does not involve clinical diagnosis but focuses on understanding how Islamic spiritual coping mechanisms function in real-life bureaucratic settings. While grounded in the Malaysian context, where Islam is the official religion and the majority of public servants are Malay Muslims, the findings are not intended for broad generalisation across different nations or public service systems. The IMHM is used solely as the conceptual framework to interpret participants' narratives and is not empirically compared to Western psychological models or tested for clinical validity.

Significance of the Study

This study holds both academic and practical value, particularly in Malaysia's Muslim-majority public sector, where spirituality, emotional well-being, and ethical conduct are deeply intertwined. By empirically investigating how Malay Muslim civil servants internalise and apply the Islamic Mental Health Model (IMHM), the study offers a timely, culturally grounded contribution to mental health and ethical governance discourses. Academically, this study fills critical gaps in existing research: it provides empirical evidence for the IMHM, which has thus far mainly been conceptual (Ku Ishak et al., 2021). It furthers the Islamization of psychology by proposing a framework rooted in Islamic epistemology, distinct from dominant Western models such as CBT or

Positive Psychology. It enriches Islamic and organisational psychology by examining how faith-based coping mechanisms and ethical principles operate within bureaucratic institutions. The study aligns with growing scholarly calls for culturally and religiously responsive mental health models that reflect non-Western lived experiences (Nasir & Abdul Rashid, 2013; Krauss et al., 2006). Through qualitative inquiry, it expands theoretical understanding of how spiritual resilience and ethical awareness are sustained in high-pressure workplaces. On a practical level, the findings have implications for public sector human resources, ethics training, and occupational wellness: i) they inform the development of Islamic-based training and intervention programs, grounded in core values such as tawakkul, sabr, ikhlas, and taqwa; ii) they support the integration of faith-aligned wellness policies that encourage moral integrity, emotional balance, and social compassion, while reducing risks of burnout, corruption, and misconduct; ii) they offer guidance to HR officers, supervisors, and policymakers on fostering psychologically supportive, ethically grounded work environments aligned with Islamic ethics such as amanah, Ihsan, and ‘adl. In terms of policy and local alignment, the study supports Malaysia’s National Mental Health Strategic Plan (2020–2025) by promoting preventive, context-sensitive mental health frameworks. It also advances: i) SDG 3 (Good Health and Well-being), particularly Target 3.4 on mental health promotion; ii) SDG 8 (Decent Work and Economic Growth), by addressing work-related stress and burnout; iii) ESG frameworks, especially the Social and Governance pillars, by promoting ethical, inclusive, and value-based institutions. The study also underscores the moral urgency of ethical governance in public service. As the Prophet Muhammad (PBUH) said, “Each of you is a shepherd, and each of you is responsible for his flock” (Sahih al-Bukhari and Muslim). Civil servants bear not only technical duties but spiritual responsibility to act with sincerity (ikhlas), fairness (‘adl), and mercy (rahmah). Institutions that nurture both divine and interpersonal connections empower civil servants to become agents of public trust and justice.

LITERATURE REVIEW

Workplace mental health discourse has long been shaped by secular, individual-focused models rooted in Western psychology. While approaches like CBT and mindfulness are used in Malaysia, they often overlook the religious and collectivist dimensions central to Malay Muslim public servants (Abdullah & Pedersen, 2003; Nasir et al., 2022). Attempts at localisation, such as spiritual wellness modules, have lacked theoretical depth and empirical grounding, underscoring the need for a contextualised, faith-based framework (Sidek & Awi, 2016). The Islamic Mental Health Model (IMHM) responds to this need. Based on the Quran, the IMHM is anchored in two spiritual axes: Habluminallah (relationship with Allah) and Habluminannas (relationship with others) (Ku Ishak et al., 2021). The former encompasses practices such as sabr, tawakkul, ikhlas, dhikr, du‘a, and solat, which serve as mechanisms for emotional regulation and resilience. The latter includes values such as amanah (trustworthiness), adl (justice), and rahmah (compassion), guiding interpersonal ethics and resistance to misconduct such as rasuah (bribery) and kezaliman (abuse of power). The IMHM views mental health as intertwined with spiritual consciousness and social ethics, aligned with maqasid al-shari‘ah, especially the preservation of aql (intellect), nafs (life), and deen (religion). It highlights how civil servants manage workplace stress, burnout, and moral dilemmas through faith-informed practices while also navigating institutional tensions that may challenge values such as ikhlas and rahmah in performance-driven environments. Rather than a clinical tool, the IMHM serves as a culturally grounded model for sustaining mental resilience and moral integrity. Especially in the post-COVID-19 context, it offers a timely, integrative approach that aligns psychological well-being with ethical conduct and spiritual purpose, making it highly relevant to Malay Muslim public servants navigating both civic duty and religious responsibility. Diagram 1.0 illustrates how inner spiritual mechanisms (e.g., dhikr, solat) interact with outward ethical behaviours (e.g., amanah, ‘adl) to reinforce psychosocial well-being in the public service context.

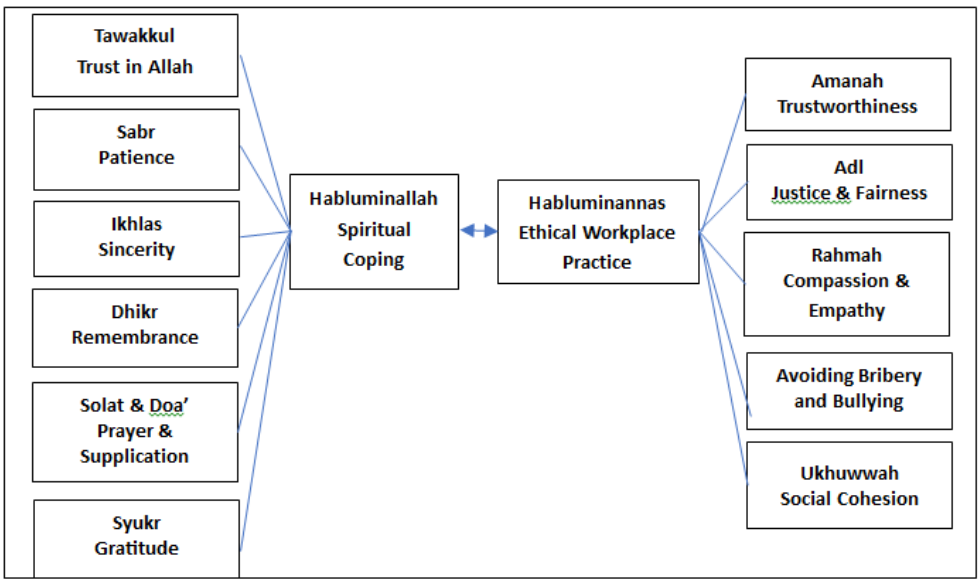


Diagram 1.0. Islamic Mental Health Model (IMHM): Workplace Spiritual Coping and Ethical Practice among Malay Muslim Civil Servants.

Definitions of Key Concepts

i. Islamic Mental Health Model (IMHM)

The Islamic Mental Health Model is a spiritually grounded framework that integrates Habluminallah (relationship with Allah) and Habluminannas (relationship with others) to promote mental well-being among Malay Muslim public servants. It recognises the interconnectedness of faith, psychological resilience, and ethical behaviour.

ii. Habluminallah (Spiritual Coping)

Habluminallah refers to one's vertical connection with Allah through practices such as prayer (solat), remembrance (dhikr), patience (sabr), sincerity (ikhlas), reliance on Allah (tawakkul), gratitude (syukr), and supplication (du'a). These practices enhance inner peace, clarity of mind, and emotional regulation.

iii. Habluminannas (Ethical Behaviour and Relationships)

Habluminannas involves treating others ethically and responsibly in accordance with Islamic teachings. It is characterised by justice (adl), compassion (rahmah), trustworthiness (amanah), and mutual support (ukhuwah). These values promote a respectful and ethical workplace.

iv. Mental Health

Mental health is defined as a balanced state of emotional, psychological, and spiritual well-being, in which individuals can manage stress, maintain relationships, and function productively in the workplace.

v. Resilience

Resilience refers to the ability to adapt, recover, and grow through adversity. In this model, resilience is derived from both psychological strength and spiritual coping resources.

vi. Public Servants

Public servants are employees of governmental organisations responsible for policy implementation and public service delivery. This study focuses specifically on Malay Muslim civil servants in Malaysia.

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Faith-Based Coping Constructs (Under Habluminallah)

These internal strategies stem from Islamic belief and help civil servants navigate workplace stress:

i. Tawakkul (Reliance on Allah):

Trusting Allah after making a full effort reduces anxiety about outcomes.

ii. Sabr (Patience):

Maintaining composure in the face of adversity, criticism, or injustice.

iii. Ikhlas (Sincerity):

Working with pure intentions for Allah's sake, minimising stress from external validation.

iv. Dhikr (Remembrance of Allah):

Frequent remembrance to instil calmness and focus.

v. Solat and Du'a (Prayer and Supplication):

Regular spiritual acts that restore psychological balance.

vi. Tazkiyah al-Nafs (Purification of the Soul):

The practice of cleansing negative traits to cultivate emotional control.

vii. Syukr (Gratitude):

Adopting a grateful perspective to promote contentment under pressure.

Workplace Ethical Practices (Under Habluminannas)

These behavioural expressions of IMHM manifest in organisational interactions:

i. Amanah (Trustworthiness):

Honouring responsibilities with honesty and reliability.

ii. Adl (Justice):

Ensuring fairness and impartiality in decision-making and treatment.

iii. Rahmah (Compassion):

Demonstrating kindness and empathy in professional relationships.

iv. Avoiding Bribery and Bullying:

Upholding integrity by rejecting corruption and workplace harassment.

v. Ukhuwah (Mutual Support):

Fostering teamwork and emotional support among colleagues.

vi. Ethical Leadership:

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Leading with sincerity, humility, and spiritual accountability to shape ethical organisational culture.

These behaviours contribute to a psychologically safe and ethically aligned public service environment, rooted in both spiritual and moral foundations.

METHODOLOGY

Research Design

This study adopts a qualitative case study design to explore how Malay Muslim employees in public organisations interpret and apply the principles of the Islamic Mental Health Model (IMHM) Habluminallah and Habluminannas, in their lived workplace experiences. This design enables the researcher to investigate a contemporary phenomenon in depth within its real-life context (Yin, 2018). Because scholars have mainly discussed the IMHM at a conceptual level and rarely examined it empirically, a qualitative approach enables the study to generate rich, contextualised insights into how public servants enact faith-based coping strategies and workplace practices in public service environments.

Population and Sample

The population in this study comprises Malay Muslim employees working in public organisations in Malaysia, including ministries, schools, universities, and the police department. The researcher selected these groups because: (i) they represent the largest demographic within the civil service; (ii) their cultural and religious identity aligns closely with the IMHM framework; and (iii) employees in public organisations face high workplace demands, which increase their vulnerability to stress, burnout, and ethical dilemmas. The researcher recruited a sample of 12–15 participants. This sample size reflects the logic of qualitative case study research, which prioritises data saturation over statistical generalisation (Guest, Namey, & Chen, 2020). Researchers often achieve saturation with 12 participants when exploring shared experiences within a relatively homogeneous group. The sample includes a range of roles such as administrative officers, frontline service officers, and mid-level managers, to capture diverse perspectives while maintaining a focused and coherent case.

Sampling Technique

The researcher uses a purposive sampling strategy to ensure that all participants meet specific inclusion criteria: (i) they are Muslim; (ii) they have at least two years of experience in the public sector; and (iii) they are willing to reflect on how Islamic values shape their coping strategies and workplace practices. In addition, the researcher uses a snowballing approach within purposive sampling, in which initial participants recommend colleagues who also meet these criteria. Qualitative researchers commonly use this technique when investigating sensitive or personal topics such as mental health and religion (Creswell & Poth, 2018).

Data Collection Method: Semi-Structured Interviews

The study will employ semi-structured interviews as the primary data collection method, as this approach balances a consistent structure with sufficient flexibility to capture participants' lived experiences in depth. An interview protocol will guide the process, ensuring coherence across interviews while allowing participants to elaborate freely on issues they consider significant.

Interview Protocol

Each interview will last approximately 45–60 minutes. The researchers conduct the interviews either face-to-face or via a secure online platform, depending on participants' availability and comfort level. With participants' informed consent, the researcher will audio-record all interviews and subsequently transcribe them verbatim for analysis. The interviews will be conducted primarily in Bahasa Melayu, with the option to incorporate English terms where relevant to ensure cultural and linguistic appropriateness for Malay Muslim public servants.

Sample Interview Questions

In line with the research objectives and the Islamic Mental Health Model (IMHM), the semi-structured interview protocol will focus on four main domains: Habluminallah, Habluminannas, coping and workplace practices, and perceived outcomes. The researcher uses these guiding questions flexibly, probing further based on participants' responses to capture the depth and complexity of their lived experiences. Illustrative questions include the following:

i. RQ1 – Conceptualise / interpret IMHM

- "What does good mental health mean to you as a Muslim and as a public servant?"
- "When you hear the idea of Habluminallah and Habluminannas, how do you relate it to your work?"
- "In your view, what would an 'Islamic' approach to mental health at work look like?"

ii. RQ2 – Use of spiritual practices as coping

- "What do you usually do, from a religious perspective, when you feel stressed or overwhelmed at work?"
- "Can you give examples of practising tawakkul / sabr / ikhlas / dhikr / doa / syukr in work situations?"
- Other probes: "What happened then?" "How did that help you?"

iii. RQ3 – Perceived influence on resilience & well-being

- "In what ways, if any, do these religious practices affect your emotional state or ability to bounce back from challenges?"
- "Have you ever felt that your faith protected you from burnout or 'breakdown' at work? How?"

iv. RQ4 – Ethical behaviour, decisions, relationships

- "How do Islamic values like amanah, 'adl, rahmah, ukhuwwah influence how you treat colleagues or the public?"
- "Can you share a situation where your religious values guided a difficult decision or ethical dilemma?"
- "How do these values affect the way you use power, for example, with subordinates or clients?"

v. Plus a few background questions: background of the participant, age range, years of service, role, type of organisation/department, etc.

Reliability and Validity in Qualitative Research

To ensure the trustworthiness of this study, the researcher applied four criteria proposed by Lincoln and Guba (1985): i) Credibility: The researcher conducted member checking by inviting participants to review interview transcripts or narrative summaries and confirm their accuracy; ii) Transferability: The researcher provided rich, thick descriptions of participants' experiences so that readers can judge the applicability of the findings to other contexts.; iii) Dependability: The researcher maintained an explicit audit trail that documents interview procedures, coding decisions, and reflexive notes throughout the research process; and iv) Confirmability: The researcher minimised bias by keeping reflexive journals and triangulating participants' accounts with relevant literature and contextual documentation.

Data Analysis: Thematic Analysis

The researcher analyses the data using thematic analysis (Braun & Clarke, 2006), an approach well-suited to identifying patterns and meanings within participants' narratives. The analysis proceeds through the following phases:

i. Familiarisation: The researcher will read and re-read the interview transcripts to gain an in-depth understanding of the data and to become immersed in participants' accounts.

ii. Coding: The researcher will identify significant phrases and text segments and assign initial codes for coping, faith, ethics, and workplace practices.

iii. Theme Development: The researcher will organise and cluster related codes into broader themes that align with the dimensions of Habluminallah and Habluminannas.

iv. Reviewing Themes: The researcher will review and refine emerging themes to ensure internal coherence and alignment with the research questions and objectives.

v. Defining and Naming Themes: The researcher will clearly define each theme and assign labels that capture its core meaning (for example, "Spiritual Anchoring in Work Stress" or "Faith as Moral Compass").

vi. Reporting: The researcher will relate the final themes to the conceptual framework of the Islamic Mental Health Model (IMHM) and illustrate each theme with direct quotations from participants.

This method provides both flexibility and methodological rigour, enabling the researcher to explore complex, value-laden experiences while remaining firmly grounded in participants' voices and lived realities.

Ethical Considerations

The researcher obtained ethical approval from the relevant institutional ethics board. The researcher provided participants with informed consent forms that explained confidentiality, voluntary participation, and their right to withdraw at any time. The researcher used pseudonyms in all reports to protect participants' identities.

FINDINGS AND DISCUSSIONS

Before presenting the study's findings, the researcher ensured that the study's reliability and validity were met. To enhance reliability and validity (trustworthiness), the researcher used a semi-structured interview protocol, asked all participants a standard set of core questions, and employed open-ended probes to elicit rich, detailed accounts. All interviews were audio-recorded (with consent) and supplemented with brief field notes. During interviews, the researcher used paraphrasing and clarification questions as a form of real-time member checking to ensure an accurate understanding of participants' meanings. A reflexive journal was kept to monitor personal biases and avoid leading questions, thereby supporting the credibility, dependability, and confirmability of the findings.

After ensuring the study's trustworthiness, the research presents findings from 12 in-depth interviews with Malay Muslim public servants occupying diverse roles across ministries, local authorities, statutory bodies, regulatory agencies, and frontline services. All names used are pseudonyms, and identifying details have been modified to preserve confidentiality. The analysis examines how participants interpret and apply the Islamic Mental Health Model (IMHM), particularly Habluminallah (relationship with Allah) and Habluminannas (relationship with others), to cope with workplace stress, uphold ethical conduct, and sustain psychological well-being. The analysis identifies five major, interrelated themes: (i) spiritual anchoring as active coping; (ii) faith-informed emotional regulation in public-facing roles; (iii) ethical resistance and moral courage in governance; (iv) faith-based collegiality, gratitude, and collective care; and (v) tensions between Islamic values and bureaucratic realities. Collectively, these five themes address the four research questions by showing how participants conceptualise the IMHM as a spiritually and ethically integrated framework (RQ1), how they use its spiritual practices as coping strategies (RQ2), how they perceive these practices to sustain resilience and psychological

well-being (RQ3), and how they enact IMHM-informed values in ethical decisions and interpersonal relationships at work (RQ4).” Together, these themes demonstrate that IMHM principles operate not merely as abstract ideals but as lived resources that shape daily routines, decision-making processes, and interpersonal relationships in the public sector.

Spiritual Anchoring as Active Coping (Habluminallah in Practice)

Participants consistently describe their connection with Allah as an active psychological and behavioural resource, rather than a passive form of resignation. Ahmad, an administrative officer in the Ministry of Education, conceptualises sabr as “bukan pasif tapi aktif berusaha sambil bertawakal.” When facing overlapping deadlines and an audit, he responds by performing solat dhuha, reciting “Hasbunallahu wa ni‘mal wakil”, breaking tasks into smaller components, and politely seeking assistance from junior staff. For Ahmad, spiritual practice and systematic task management operate together as a stress-coping strategy.

Hafiz, a technical officer in the Public Works sector, similarly demonstrates how tawakkul informs professional judgement. Under intense pressure to keep a bridge project on schedule despite safety concerns, he recalls Surah At-Talaq (65:3) and decides to delay the project for safety reasons, despite contractor resistance. He later interprets the emergence of a better engineering solution as evidence of divine facilitation.

Amir, an IT officer in a federal ministry, offers another dimension of spiritual anchoring: ikhlas in the face of invisibility and lack of recognition. After his superior claimed full credit for a major system implementation that he led, Amir initially felt hurt and demotivated. However, by reflecting on Surah Al-Zalzalah and the assurance that every deed, “seberat zarah,” will be accounted for, he reframes his motivation to please Allah rather than seek human validation. In this way, ikhlas functions as a cognitive and spiritual reorientation that protects him from long-term cynicism or burnout.

Taken together, these narratives show that Habluminallah provides a stable inner anchor that participants draw upon to make difficult decisions, manage pressure, and recalibrate their intentions. Spiritual practices (e.g., solat, zikir, du‘a) operate as both emotional regulation tools and meaning-making resources that sustain resilience.

Faith-Informed Emotional Regulation in Public-Facing Roles

Frontline participants particularly emphasise faith-based strategies for emotional regulation when dealing with challenging members of the public. Siti, a frontline officer at a local council, describes silently reciting “La hawla wa la quwwata illa billah” as a “pause button” when confronted by angry customers. She recounts a case in which an irate trader verbally attacked her over a delayed permit. By engaging in dhikr internally, she remained calm, responded courteously, and explained the procedures clearly, eventually leading the trader to apologise.

Aishah, a frontline customs officer, extends this idea by proposing practical IMHM-oriented training content. She recommends modules such as “Teknik Zikir 5 Minit Sebelum Meeting Stress” and “Panduan Solat Hajat Untuk Projek Kritikal,” and stresses that trainers should ideally have public sector experience. Her suggestions highlight the potential to institutionalise spiritual micro-practices as structured, context-specific tools for managing workplace stress.

These accounts demonstrate that participants do not see emotional control as purely psychological; instead, they embed it in spiritual micro-practices that interrupt impulsive reactions, restore composure, and allow them to respond with professionalism and empathy. These practices translate the IMHM into a lived framework that public servants use to regulate their emotions in frontline service contexts.

Ethical Resistance, Compassion, and Moral Courage (Habluminannas)

The data also reveal how Habluminannas shapes ethical decision-making, resistance to corruption, and compassionate service delivery. Ruslan, a frontline officer in the immigration department, describes repeatedly

encountering attempts at bribery. In a recent case, an agent offered RM500 to fast-track a passport. Ruslan explicitly recalls Surah Al-Baqarah (2:188) and immediately refuses, filing a report with the integrity unit despite acknowledging that his salary is modest. He frames his choice as a commitment to rezeki halal and notes that his spouse supports this stance.

Noraini, a mid-level manager in the Ministry of Health, applies ‘adl (justice) to team management. She designs task allocations transparently and refuses requests for preferential treatment, even when they involve relatives of high-ranking officials. She understands fairness not only as administrative efficiency but as a religious obligation that protects the dignity of all staff.

Mariah, a frontline manager in the Social Welfare sector, illustrates how rahmah (compassion) translates into proactive social intervention. When she encounters a homeless single mother, she does not simply follow standard procedures; instead, she escalates the case to a special meeting and mobilises emergency funds, viewing social welfare work as a form of ibadah. She explicitly links her actions to the Prophetic teaching about loving others as one loves oneself.

Fatimah, an HR manager in a statutory body, connects IMHM principles to organisational-level anti-bullying initiatives. She frames workplace bullying as a consequence of forgetting the human role as khalifah. In response, she designs training that introduces amar ma‘ruf nahi munkar in a wise, non-confrontational manner and implements a “Mentor Rahmah” system in which senior staff support juniors. She reports a 30% reduction in bullying complaints since the programme began, suggesting that faith-framed interventions can yield tangible behavioural and cultural change.

These cases collectively show that IMHM-informed values such as amanah, adl, rahmah, and integrity are not merely internal beliefs but are enacted in concrete behaviours that resist corruption, reduce harm, and enhance justice and compassion within public institutions.

Faith-Based Collegiality, Gratitude, and Collective Coping

Participants also highlight the social and communal dimensions of IMHM, particularly ukhuwah and syukr. Zainab, an administrator in a religious department, describes weekly usrah sessions in her office where colleagues recite the Qur’an and share their work-related struggles. When a colleague loses her husband, the team collectively rearranges work schedules to cover her duties without officially penalising her. Zainab interprets this as embodying prophetic injunctions on mutual assistance and observes that such practices reduce stress more effectively than conventional motivational seminars.

Firdaus, a technical specialist at the Energy Commission, illustrates the role of syukr in sustaining well-being. He starts each day by writing three work-related blessings in a gratitude journal (e.g., still having a job, supportive colleagues, proximity to a mosque). When a major project fails, this habit helps him prevent the failure from dominating his sense of self and work, thereby protecting him from depressive tendencies. For Firdaus, gratitude reframes workplace adversity within a broader context of ongoing divine favour.

Together, these accounts suggest that faith-based collegial practices and gratitude rituals operate as collective and individual buffers against stress. They foster a sense of belonging, shared responsibility, and positive reframing, thereby strengthening both social and psychological dimensions of resilience within the IMHM framework.

Navigating Structural Tensions: Islamic Ethics vs Bureaucratic Realities

Despite the strong role of IMHM principles in fostering resilience and ethics, participants also report tensions when Islamic ethical imperatives collide with bureaucratic constraints. Kamal, a policy officer in the Economic Planning Unit, recounts his experience during the COVID-19 crisis: while citizens urgently needed financial assistance, approval procedures involved multiple layers of clearance. To speed up aid, he bypassed several formal steps, an action he regarded as ethically necessary but procedurally questionable. He describes this as a struggle to balance maslahah (public interest) with compliance with rigid systems.

Aishah and other participants also note that while they personally practice IMHM-based coping and ethics, organisational structures do not always formally recognise or support these principles. Training on integrity and mental health tends to remain generic and secular, with limited engagement with Islamic spiritual-ethical resources that resonate more deeply with Malay Muslim staff.

These structural tensions indicate that individual-level faith and ethical commitment are necessary but not sufficient in themselves. For IMHM to have systemic impact, public organisations must integrate spiritually congruent values into policies, procedures, and leadership practices, so that acting ethically and compassionately is institutionally supported rather than structurally hindered.

Implications for the IMHM and Public Sector Practice

Across the 12 participants, the findings demonstrate a coherent pattern: Malay Muslim public servants actively mobilise IMHM-related concepts such as tawakkul, sabr, ikhlas, dhikr, solat, syukr, amanah, ‘adl, rahmah, and ukhuwah, such as coping mechanisms, ethical guides, and motivational resources in their daily work. Spiritual practices serve as psychological anchors and emotion-regulation strategies, while faith-informed ethics shape decisions, interpersonal behaviour, and resistance to unethical practices such as bribery, bullying, or abuse of power.

At the same time, participants like Aishah explicitly call for more formal, context-relevant training modules that translate IMHM into practical tools (e.g., short zikir techniques before stressful meetings, case-based discussions on ethical dilemmas, faith-informed leadership programs). Their suggestions underscore that IMHM is already “alive” at the individual level but remains insufficiently institutionalised within organisational development, HR, and governance frameworks.

In summary, the narratives confirm the IMHM’s relevance as a culturally and spiritually grounded model for workplace mental health and ethics in the Malaysian public sector. They also point to the need for multi-level integration: aligning personal spirituality (Habluminallah), interpersonal ethics (Habluminannas), and organisational structures to create a more coherent, value-congruent environment for public servants. The narratives affirm the IMHM’s relevance as a culturally grounded framework for workplace mental health and ethics in the Malaysian public sector. They also indicate that for IMHM to realise its full potential, public organisations must integrate these principles into training, leadership development, HR policies, and governance mechanisms, thereby aligning personal spirituality with institutional structures in a mutually reinforcing way. Key Patterns Across Responses:

- Ritual-Emotion Link: Solat/dhikr as emotional regulation tools
- Ethical Anchoring: Quranic verses/hadith guiding ethical decisions
- Collective Spirituality: Usrah groups as support systems
- Procedural Tension: Conflict between Islamic ethics and bureaucracy
- Practical Demand: Need for applied (not theoretical) training

The diagram is below:

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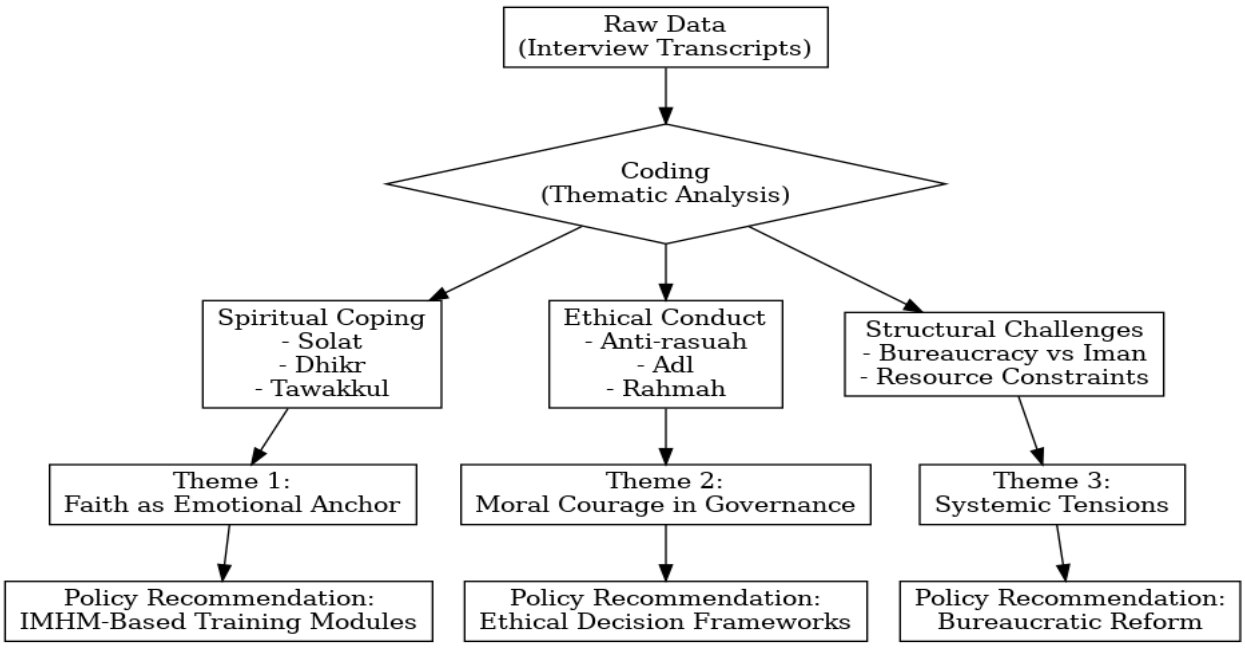


Diagram 2: IMHM-Based Thematic and Policy Translation Framework for Malaysian Public Service.

Discussion of the IMHM-Based Thematic and Policy Translation Framework

Diagram 2 presents the IMHM-Based Thematic and Policy Translation Framework, which illustrates how raw qualitative data were systematically analysed and translated into thematic findings and policy-relevant recommendations. The researcher began with raw data obtained through semi-structured interviews and then applied a coding process consistent with Braun and Clarke's (2006) reflexive thematic analysis, identifying meaningful units of text, coding them, and subsequently organising them into broader categories and themes. The coding process produced three principal analytic clusters: Spiritual Coping, Ethical Conduct, and Structural Challenges. These clusters map closely onto the core axes of the Islamic Mental Health Model (IMHM), namely Habluminallah (vertical spiritual relationship with Allah) and Habluminannas (horizontal ethical relationship with others), situated within an organisational and structural context.

Spiritual Coping (Habluminallah).

The first branch, Spiritual Coping, encompasses codes related to solat, dhikr, tawakkul, sabr, ikhlas, and syukr, which participants described as central to their management of stress, uncertainty, and emotional strain. These codes converged into Theme 1: Faith as Emotional Anchor, highlighting the role of a living relationship with Allah as an active coping resource rather than a passive form of resignation. This finding is consistent with the literature in Islamic psychology, which emphasises the regulatory, meaning-making, and resilience-enhancing functions of practices such as prayer, remembrance, and reliance on God (Rothman & Coyle, 2018; Haque, 2018).

From Theme 1, a key policy direction emerges: the development of IMHM-informed training modules that operationalise spiritual coping into concrete tools suitable for public-sector settings (e.g., brief dhikr techniques before high-pressure meetings, solat and du'a routines for handling critical decisions). Such modules would align with preventive and promotive approaches in workplace mental health policy (Ministry of Health Malaysia, 2020).

Ethical Conduct (Habluminannas).

The second branch captures codes linked to anti-corruption, amanah (trustworthiness), adl (justice), rahmah (compassion) and ukhuwah (social cohesion). These codes formed Theme 2: Moral Courage in Governance, which describes how Islamic ethical values serve as a moral compass, guiding decisions, interpersonal relations, and resistance to unethical practices such as bribery, bullying, and favouritism. This finding aligns with a

growing body of scholarship that argues that, in Muslim-majority contexts, public service ethics are fundamentally grounded in the concepts of khalifah (stewardship), accountability before God, and responsibility towards the ummah (Abu-Tineh et al., 2008; Beekun & Badawi, 2005).

The theme points to the need for ethical decision-making frameworks explicitly informed by IMHM principles, embedded in integrity training, leadership development, and human resource management. Integrating such frameworks would strengthen existing anti-corruption and good governance initiatives by rooting them in values that resonate strongly with Malay Muslim civil servants.

Structural Challenges (Organisational Context).

The third branch groups code related to bureaucratic rigidity, procedural delays, resource constraints and tensions between formal rules and perceived moral obligations. These codes generated Theme 3: Systemic Tensions, which captures how organisational structures can both support and constrain the enactment of IMHM values. Participants' narratives of "bureaucracy versus Iman" illustrate a recurrent disjuncture between ethical imperatives (e.g., timely assistance to vulnerable citizens) and slow, rule-bound administrative processes. This finding echoes broader critiques that bureaucratic systems often place greater emphasis on procedural compliance than on responsiveness and care (Lipsky, 2010). From this theme arises a policy recommendation for bureaucratic reform, especially in areas where procedures unintentionally obstruct compassionate, timely action. Reviewing such processes through an IMHM lens could help reconcile accountability requirements with maslahah (public interest) and social justice.

Overall, the framework demonstrates that the IMHM operates at multiple levels: intrapersonal (spiritual coping), interpersonal (ethical conduct), and organisational/structural (systemic tensions). It shows that IMHM principles are not merely doctrinal abstractions, but lived resources that shape daily routines, decision-making and relationships within the Malaysian public service.

Based on the analyses, the research has answered the research questions as follows:

i. RQ1: How do Malay Muslim public servants conceptualise and interpret the IMHM in relation to their roles and responsibilities?

The interview data show that Malay Muslim public servants tend to interpret the Islamic Mental Health Model (IMHM) as an integrated framework that links their inner spiritual life with their outer professional roles. They do not see Habluminallah and Habluminannas as abstract theological constructs, but as complementary obligations: to maintain a sincere relationship with Allah while fulfilling their duties responsibly, fairly, and compassionately toward others.

Participants conceptualise Habluminallah as a source of psychological anchoring and moral orientation, legitimising difficult but ethically sound decisions. Hafiz, for example, understands tawakkul as the basis for delaying a risky bridge project despite external pressure, because he views professional responsibility as part of his amanah before Allah. Similarly, Amir interprets ikhlas as the alignment of work intention with divine accountability, not merely with organisational reward.

At the same time, they interpret Habluminannas as the practical expression of Islam in their dealings with colleagues, subordinates, superiors, and the public. Noraini links 'adl directly to her managerial responsibility to distribute tasks fairly and avoid favouritism, while Ruslan and Mariah understand anti-corruption and compassionate service as integral to their religious identity. Overall, participants conceptualise IMHM as a "way of being" in public service, in which psychological well-being, ethical governance, and spiritual accountability are inseparable.

ii. RQ2: How do they describe their utilisation of IMHM-related spiritual practices as coping strategies for workplace stress and organisational demands?

Participants consistently describe IMHM-related spiritual practices such as tawakkul, sabr, ikhlas, dhikr, doa, syukr and solat as active coping strategies that help them manage stress, emotional strain, and organisational demands. These practices function as both immediate emotion-regulation tools and longer-term resilience-building habits.

Several participants emphasise dhikr and solat as moment-to-moment mechanisms for emotional control. Siti, for instance, uses silent dhikr ("La hawla wa la quwwata illa billah") as a "pause button" when facing angry customers, which allows her to slow down, prevent reactive anger, and respond with patience. Ahmad describes performing solat dhuha and reciting "Hasbunallahu wa ni'mal wakil" before tackling overlapping deadlines and audits, combining worship with structured task planning to remain calm and focused.

Others highlight tawakkul, ikhlas and syukr as cognitive-spiritual frames that reshape how they interpret pressure and failure. Hafiz relies on tawakkul to withstand backlash when he prioritises safety over deadlines, while Amir uses ikhlas to cope with a lack of recognition by reframing his work as service to Allah rather than for human praise. Firdaus practices syukr through a daily gratitude journal, which helps him situate project failures within a broader landscape of divine blessings, thereby reducing the emotional impact of setbacks. Collectively, these accounts show that participants utilise IMHM-aligned practices as intentional strategies to regulate emotions, sustain motivation, and keep organisational pressure in perspective.

iii. RQ3: How do they perceive the influence of IMHM-based spiritual coping on their resilience and psychological well-being at work?

Participants generally perceive IMHM-based spiritual coping as a central contributor to their resilience and psychological well-being in demanding public sector environments. They report that faith-informed practices not only reduce immediate emotional distress but also foster a more profound sense of meaning, stability, and endurance in the face of chronic stressors.

Many participants describe spiritual coping as preventing them from "breaking down" under pressure. Ahmad believes that combining sabr and tawakkul allows him to stay composed rather than panic when facing heavy workloads. Firdaus explicitly attributes his ability to avoid depressive feelings after a significant project failure to his ongoing syukr practice, which shifts his focus from loss to remaining blessings. Zainab notes that usrah and mutual support grounded in Islamic teachings make her feel less isolated and more emotionally supported, especially during colleagues' personal crises.

Participants also link spiritual coping to a sense of inner peace and moral clarity that buffers them against burnout and cynicism. Amir explains that reorienting his intention towards Allah through ikhlas helps him let go of resentment when his efforts go unrecognised, thereby protecting his psychological well-being and commitment to public service. Several participants imply that when they see their work as ibadah and their trials as tests from Allah, they feel more able to endure organisational challenges without losing purpose. Overall, they perceive IMHM-based spiritual coping as a multifaceted resilience resource that supports emotional regulation, meaning-making, and sustained engagement with their roles.

iv. RQ4: How do they experience and enact IMHM-informed values in shaping ethical behaviour, decision-making, and interpersonal interactions at work?

Participants' narratives indicate that IMHM-informed values such as amanah, 'adl, rahmah, ukhuwah and related concepts substantially shape their ethical behaviour, decision-making, and interpersonal interactions. They do not treat these values as purely aspirational; instead, they report concrete ways in which these principles inform how they use power, allocate resources, and respond to vulnerable individuals.

In terms of ethical behaviour and decision-making, several participants describe amanah and 'adl as central to resisting corruption and favouritism. Ruslan refuses and reports bribes by explicitly invoking Qur'anic prohibitions on unlawful wealth and describing his commitment to rezeki halal despite financial pressures. Noraini applies 'adl when she allocates tasks and opportunities, refusing to grant special privileges even to staff with political connections, because she views fairness as a religious obligation that protects staff dignity and

organisational trust. Fatimah extends these values into HR practice by designing "Mentor Rahmah" and amar ma'ruf nahi munkar-based training to prevent bullying, and she reports a reduction in complaints after these initiatives.

In interpersonal interactions, participants highlight rahmah and ukhuwah as guiding principles. Mariah frames her work with vulnerable clients as ibadah and uses available discretion and emergency funds to ensure timely support for a homeless single mother, thus enacting compassion within bureaucratic constraints. Zainab describes ukhuwah as usrah and informal workload sharing, particularly when supporting a bereaved colleague, fostering psychological safety and solidarity in the workplace. Even when confronting systemic constraints, as in Kamal's experience balancing rigid procedures with maslahah during COVID-19, participants use IMHM values as a moral compass to navigate difficult choices.

Overall, the data suggest that IMHM-informed values actively shape how Malay Muslim public servants behave ethically, make decisions, and relate to others, contributing to a workplace culture that aspires to be just, compassionate, and spiritually accountable, even as it operates within the limitations of bureaucratic structures.

Implications of the Study

Implications for Practice

The findings suggest that Malay Muslim public servants already draw extensively on spiritually grounded coping strategies and ethical values that align with the IMHM, even in the absence of formal institutional support. Formalising these practices through IMHM-based training and development programs could enhance emotional resilience, reduce burnout, and strengthen ethical conduct in the public sector. This recommendation is consistent with evidence that faith-sensitive interventions can improve coping and well-being when they are contextually and culturally adapted (Ai et al., 2013; Koenig, 2012).

In practical terms, training divisions and human resource units in ministries and statutory bodies can develop modules that incorporate brief spiritual techniques, reflective exercises on intention (ikhlas), and scenario-based discussions of ethical dilemmas. Such modules would complement existing mental health and integrity programs and support Malaysia's efforts to promote psychologically healthy workplaces in line with the National Mental Health Strategic Plan 2020–2025 (Ministry of Health Malaysia, 2020).

Implications for Policy

At the policy level, the study underscores the importance of integrating faith-informed perspectives into national agendas for workplace mental health, integrity, and governance. The IMHM provides a normative and practical framework that closely aligns with Sustainable Development Goals (SDGs) 3 on good health and well-being and SDG 8 on decent work and economic growth, particularly in relation to mental health promotion, safe working environments, and human-centred governance (United Nations, 2015).

Moreover, the findings support the "Social" and "Governance" dimensions of Environmental, Social and Governance (ESG) frameworks, which emphasise inclusive, ethical and psychologically supportive organisational ecosystems (Eccles & Klimenko, 2019). By drawing explicitly on IMHM principles, public-sector policies can better reflect the values and lived realities of Malaysia's majority Malay Muslim workforce, thereby strengthening legitimacy and uptake.

Implications for Theory

Theoretically, this study extends the Islamic Mental Health Model by demonstrating its applicability beyond clinical or individual counselling contexts to the organisational and bureaucratic domains of public administration. By showing how Habluminallah and Habluminannas inform not only personal coping but also ethical decision-making and perceptions of systemic constraints, the study contributes to an emerging intersection between Islamic psychology, organisational behaviour and public management (Haque, 2018;

Kapoulitsas & Corcoran, 2015). It also responds to calls for more context-sensitive, non-Western perspectives in workplace well-being research (Rao et al., 2020).

RECOMMENDATIONS

Based on the framework and findings, the study proposed several recommendations, which are:

Develop Context-Specific IMHM Training Modules.

Public-sector agencies should design and implement IMHM-based training programs that address spiritual coping techniques, faith-informed emotional regulation, and ethical discernment. They should incorporate real case studies from the Malaysian public service and engage trainers who understand both Islamic principles and bureaucratic realities to facilitate these programs.

Embed IMHM Values in Integrity and HR Systems.

Codes of conduct, performance appraisal instruments and leadership competency frameworks should explicitly reflect IMHM-linked values such as amanah, adl, rahmah and ukhuwah. Linking these values to measurable behavioural indicators can help normalise ethical practices and support moral courage in governance.

Support Faith-Based Peer Networks and Mentoring.

Organisations should encourage initiatives such as usrah groups, “Mentor Rahmah” schemes and structured peer support circles that combine spiritual reflection with problem-solving around work challenges. Such programs can serve as low-cost, sustainable mechanisms for enhancing resilience and social support.

Review Bureaucratic Procedures Through an IMHM Lens.

Policymakers should systematically identify areas where existing procedures inadvertently constrain compassionate and timely delivery of service. Reforms should aim to balance procedural accountability with flexibility and maslahah, enabling civil servants to uphold both legal and moral obligations.

Directions For Future Research

Several avenues for further inquiry emerge from this study. Future research could extend the current work by examining the application of the IMHM across multiple ministries, states, or levels of government, or by comparing experiences in different Muslim-majority contexts. Such multi-site or comparative designs would clarify how organisational culture and governance structures mediate the enactment of IMHM principles. Researchers could also adopt mixed-methods and longitudinal designs that combine qualitative insights with quantitative indicators such as psychological well-being, burnout, work engagement, and ethical climate. These approaches would enable more robust assessment of the impact of IMHM-informed interventions over time and allow the testing of potential mediating or moderating pathways.

In addition, future studies could design, implement, and rigorously evaluate specific IMHM-based programs such as faith-informed resilience workshops, mentor–mentee schemes, or gratitude interventions to determine their effectiveness in improving outcomes, including stress levels, ethical behaviour, and organisational commitment. Finally, while the present study focuses on Malay Muslim public servants, subsequent research might explore how IMHM-consistent practices intersect with the experiences of non-Malay and non-Muslim colleagues, thereby contributing to more inclusive models of spiritually informed governance in Malaysia’s multicultural public sector and in other plural societies.

This revised version of the article reflects a deliberate effort to streamline content for clarity and conciseness while preserving the conceptual richness and theoretical integrity of the original. Care was taken to retain essential definitions, key Qur’anic values, and empirical linkages related to the Islamic Mental Health Model (IMHM), ensuring academic rigour and contextual relevance for the Malaysian public service setting. The

restructuring into thematic categories enhances coherence and enables more precise application of IMHM constructs to both faith-based coping and ethical workplace behaviour.

CONCLUSION

The IMHM-Based Thematic and Policy Translation Framework demonstrates that Malay Muslim public servants draw extensively on spiritual and ethical resources to navigate the psychological and moral demands of bureaucratic work. By moving analytically from raw narrative data to themes and policy recommendations, the study shows that the Islamic Mental Health Model offers a robust, contextually grounded framework for conceptualising and enhancing workplace mental health, ethical governance and organisational reform in Malaysia's public sector. When public institutions acknowledge and support faith-informed coping and moral courage through training, policy alignment, and structural reforms, they can foster a workforce that is not only psychologically more resilient but also ethically grounded and better equipped to uphold public trust. In this sense, the IMHM does not simply protect individual well-being; it contributes to the broader project of human-centred, values-based governance in a Muslim-majority society.

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