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Spiritual Intelligence, Emotional Bonding, and Employee Performance: Evidence from Ibnu Sina Hospital, Makassar

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ABSTRACT
This study examines the effects of spiritual intelligence and emotional bonding on employee performance at Ibnu Sina Hospital Makassar, Indonesia. The study addresses the need for a more holistic understanding of employee performance in healthcare organizations, where employees face demanding workloads and intensive interpersonal interactions. A quantitative explanatory design was employed. Data were collected through a structured questionnaire from 100 hospital employees representing medical, supporting medical, managerial, administrative, and operational personnel. The data were analyzed using multiple linear regression after validity, reliability, and classical assumption testing. The findings indicate that spiritual intelligence has a positive and significant effect on employee performance (B = 0.240; β = 0.223; t = 3.045; p = 0.003). Emotional bonding also has a positive and significant effect (B = 0.684; β = 0.708; t = 9.651; p < 0.001). Simultaneously, the two predictors significantly explain employee performance (F = 192.812; p < 0.001), with $R^2 = 0.799$. Hospital management should integrate spiritual-value development and supportive interpersonal relationships into human resource development programs.

Keywords: Spiritual Intelligence, Emotional Bonding, Employee Performance, Human Resource Management, Hospital.

I. Introduction

Employee performance is a key factor determining an organization's success (Putri et al., 2023' Achmad et al., 2021), including within the hospital setting. As healthcare institutions, hospitals bear a significant responsibility to provide prompt, accurate, and high-quality care while ensuring patient safety (Huriati et al., 2022). Consequently, employee performance in hospitals is a crucial factor that must be prioritized to achieve organizational goals and safeguard patient well-being (Puspitasari & Fidyaningsih, 2023; Hidayati et al., 2024). However, despite numerous efforts to enhance the performance of the existing workforce, hospital staff face significant challenges, including heavy workloads, stress stemming from a high-pressure work environment, and complex emotional interactions with patients and colleagues. A decline in performance often results from stress (Yoseph et al., 2025; Kaur & Haque, 2024) emotional exhaustion (Heryyanto et al., 2022), and a lack of cohesion among team members (Al-azzam & Wibowo, 2024; Atikah et al., 2024; Yao et al., 2022; Kurnia et al., 2024). Meanwhile, according to Arfah & Mapparenta, (2020), the

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workforce needs to demonstrate "actual performance", that is, performance that has been planned, so that it can be compared against ideal performance.

Although various studies have examined the influence of spiritual intelligence and emotional bonding on employee productivity in other sectors, such as banking (Jibril et al., 2023; Jamillah et al., 2025) and government agencies (Cahya et al., 2024), very few studies have investigated this within the context of hospitals, like Tiwari, (2025), Zohar & Marshall, (2001), Wong, (2019), and Ramadhana & Ratnawati, (2022). Therefore, this research is crucial for exploring how these two factors can be optimized to enhance hospital employee productivity, encompassing productivity itself, team collaboration, and job satisfaction. Although some hospitals have conducted training to enhance employees' technical skills, relatively little attention has been paid to non-technical factors, such as spiritual intelligence and the emotional bonds of the workforce. Yet, these two aspects can serve as significant resources for fostering optimal employee performance, helping staff manage stress, and improving interpersonal relationships within teams.

This study aims to bridge the existing knowledge gap by integrating the concepts of spiritual intelligence and emotional bonding to understand their interaction in enhancing human resource performance within a hospital setting. The research questions address whether spiritual intelligence and emotional bonding significantly influence employee performance at Ibnu Sina Hospital, Makassar. Furthermore, the study will provide practical insights for the hospital to implement training programs that focus not only on technical skills but also on developing the spiritual and emotional dimensions of its workforce as drivers of performance.

II. Literature Review and Hypothesis Development

2.1. Human Resource Management

From a strategic perspective, HRM concerns how people management practices are aligned with organizational goals. Yim et al.,(2024), for instance, demonstrates that HRM practices do not affect all employees uniformly; rather, their effectiveness is influenced by individual motivation and orientation. The study indicates that the alignment between HRM practices and employees' characteristics and goals can contribute to job performance. Hermanto, (2024) explains that integrating emotional and spiritual intelligence into HRM practices can serve as a holistic approach to enhancing workplace effectiveness and well-being. Emotional intelligence plays a role in interpersonal relationships, communication, and conflict management, whereas spiritual intelligence relates to the search for meaning and purpose in work. Therefore, in research linking HRM with spiritual intelligence and emotional bonding, individuals are viewed as human capital possessing rational, emotional, social, and spiritual dimensions.

Conceptually, individual performance can be understood as employee behaviors or actions that are relevant to organizational goals. This perspective is significant because performance is not merely an end result; it also encompasses the behaviors that generate or support that outcome. Lousa et al., (2024) developed the concept of Individual Work Performance (IWP) to provide a framework for measuring individual performance applicable across various types of jobs. Thus, employee performance can be defined as the degree of success an employee achieves in performing tasks, demonstrating work behaviors that support the organization, adapting to job demands, and avoiding behaviors that hinder the achievement of organizational goals (Al Amri, 2019). This definition demonstrates that performance encompasses broader dimensions than simply the achievement of quantitative targets.

One measurement framework widely used in individual performance research is the Individual Work Performance Questionnaire (IWPQ), developed by Koopmans and colleagues. Initially, the framework identified four dimensions: task performance, contextual performance, adaptive performance, and counterproductive work behavior. However, subsequent development of the instrument resulted in a more concise three-dimensional structure, comprising task performance, contextual performance, and

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counterproductive work behavior—with the adaptive aspect subsequently subsumed under contextual performance.

2.2. Spiritual Intelligence

Spiritual intelligence refers to an individual's ability to comprehend the meaning of life, discover a higher purpose in their activities, utilize their core values as a guide for behavior, and constructively address various life challenges. The concept has been significantly developed through perspectives (27) that define spiritual intelligence as the capacity to imbue life with meaning and value and to apply that meaning when determining courses of action. In an organizational context, spiritual intelligence is not solely linked to religious activities. It encompasses a broader scope, relating to meaning, purpose, values, integrity, transcendence, and an individual's awareness of the consequences of their behavior. Hermanto (2024) explains that, within the context of Human Resource Management (HRM), spiritual intelligence supports the pursuit of meaning and purpose in work and helps foster an organizational culture aligned with both individual and organizational values. Thus, employees with high spiritual intelligence tend to view work not merely as an activity to earn an income, but also as an activity that holds meaning, purpose, and value. Based on the evolution of the concept of spiritual intelligence, several aspects that can be used to explain it include:

a. Spiritual self-awareness
b. The ability to understand the meaning of life
c. The individual's ability to perceive the purpose behind their activities
d. The individual's ability to cope with emotional pressure (Jibril et al., 2023).

Research Agustin & Izza Binti Wan Husin, (2024) on Islamic spiritual intelligence indicates that, from an Islamic perspective, spiritual intelligence is linked to employee productivity and performance, and is associated with various psychological and organizational variables. Empirical studies in Indonesia also demonstrate the relevance of spiritual intelligence to performance. Study Hera et al., (2024), for instance, found that spiritual intelligence has a positive and significant influence on employee performance within the context of their research. Similarly, research Sulihing et al., (2024) involving BPKP auditors in South Sulawesi Province found that spiritual intelligence has a positive and significant impact on auditor performance. Furthermore, a 2026 study form Ardzanik & Lysander, (2026) regarding intellectual, emotional, and spiritual intelligence among employees of Toko Amanah in Yogyakarta also examined these three forms of intelligence in relation to employee performance. These findings suggest that spiritual intelligence can serve as a psychological resource that helps employees maintain a sense of values, responsibility, and meaning while carrying out their work.

H1: Spiritual intelligence has a positive effect on hospital employee performance.

2.3. Emotional bonding

Emotional bonding can be understood as the emotional connection formed between an individual and another party through interactions, shared experiences, trust, closeness, identification, and a sense of belonging. In an organizational context, emotional bonding can refer to an employee's emotional attachment to the organization, leaders or supervisors, colleagues, the job itself, and work groups. This concept is closely linked to affective organizational commitment, defined as an employee's emotional attachment to, identification with, and involvement in the organization. Literature on affective commitment consistently characterizes the affective dimension as a form of emotional attachment and employee identification with the organization. Recent studies also explain that affective commitment reflects emotional attachment to and identification with the organization (Godbersen et al., 2024).

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A study from Wang, (2008) on emotional bonds with supervisors and coworkers indicates that emotional connections with both supervisors and colleagues are linked to various forms of organizational commitment. The study involved 1,160 industrial workers and highlights the importance of interpersonal relationships in shaping employees' psychological connections to the organization. Research on high-performance human resource practices indicates that effective HRM practices can foster a sense of ownership and pride among employees regarding the organization, which in turn is linked to organizational identification and affective commitment (Yang & Mostafa, 2024). Research Shanthini & Nair, (2025) also found a positive relationship between various talent management practices including training, performance appraisal, and succession planning, and employee engagement. These findings demonstrate that HRM practices can serve as a crucial mechanism for fostering employee engagement. Studies on affective commitment indicate that emotional attachment and identification with the organization are crucial aspects of the employee-organization relationship (Martos et al., 2024). Recent research on digital leadership also suggests that empowerment and employee voice can serve as mechanisms linking leadership to affective commitment among the new generation of employees (Li et al., 2025).

H2 : Emotional bonding has a positive effect on hospital employee performance.

III. Research Method

3.1. Research Approach and Design

This study employs a quantitative approach with an explanatory research design. Data were collected via structured questionnaires using a 1–5 Likert scale and analyzed statistically. The primary analysis utilizes multiple linear regression to examine the influence of spiritual intelligence and emotional bonding on employee performance.

3.2. Population and Sample

The population in this study consists of all 547 employees working at the hospital, comprising:

a. Medical personnel (doctors, nurses, midwives)
b. Medical support personnel (pharmacists, laboratory analysts)
c. Non-medical personnel (administration, management, operational staff, cleaning staff)

Due to the busy schedules of hospital staff, a sample of 100 individuals was selected, comprising 15 doctors, 15 nurses, 15 midwives/nursing staff, 15 pharmacists and laboratory personnel, 15 administrative and security staff, 15 management personnel, and 10 cleaning staff. Purposive sampling was the technique employed. The inclusion criteria for the sample were permanent employment status, a minimum tenure of one year, and willingness to participate as a respondent.

3.3. Data Collection Techniques

Primary data were obtained by distributing questionnaires to respondents. The research design also included interviews and observations to enrich the understanding of the work context.

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3.4. Data Analysis Techniques

Validity testing using Pearson correlation between item scores and the construct's total score. Reliability testing using Cronbach's Alpha, with a threshold value above 0.70. Descriptive statistical analysis to examine the mean, median, and distribution of responses. Multiple linear regression to test the influence of X1 and X2 on Y. t-test to examine the partial effect of each independent variable. F-test to examine the simultaneous effect of both independent variables. Coefficient of determination (R^2) to assess the proportion of variation in Y explained by the model. Multicollinearity testing using Tolerance and VIF, along with the Durbin-Watson statistic for residual diagnostic information.

IV. Results and Discussion

4.1. Result

a. Description of Research Data

Data processing results indicate that the entire analysis involved 100 respondents, with no missing data in either the reliability testing or the regression analysis. Indicator scores were based on a 1–5 scale. Overall, the mean value for each indicator fell within the 4.29–4.59 range, indicating that respondent responses were concentrated in the high category.

Table 1. Description of Research Data

Variable	Indicator	Mean	Std. Dev.	Median
X1	X1.1	4,54	0,540	5
X1	X1.2	4,52	0,594	5
X1	X1.3	4,47	0,577	5
X1	X1.4	4,55	0,520	5
X2	X2.1	4,49	0,577	5
X2	X2.2	4,59	0,514	5
X2	X2.3	4,50	0,541	5
X2	X2.4	4,38	0,508	4
X2	X2.5	4,36	0,542	4
Y	Y1	4,29	0,537	4
Y	Y2	4,51	0,502	5
Y	Y3	4,42	0,496	4
Y	Y4	4,54	0,576	5
Y	Y5	4,56	0,519	5

b. Validity Test

The validity test was conducted by examining the Pearson correlation between each item and the construct's total score. All items showed positive correlations and significance levels below 0.05. Consequently, all 14 instrument items can be used for further analysis.

Table 2. Validity Test

Variabel	Item	Correlation	Sig.	Result
X1	X1.1	0,898	0,000	Valid
X1	X1.2	0,896	0,000	Valid
X1	X1.3	0,882	0,000	Valid
X1	X1.4	0,781	0,000	Valid
X2	X2.1	0,833	0,000	Valid
X2	X2.2	0,869	0,000	Valid
X2	X2.3	0,816	0,000	Valid

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X2	X2.4	0,784	0,000	Valid
X2	X2.5	0,707	0,000	Valid
Y	Y1	0,676	0,000	Valid
Y	Y2	0,800	0,000	Valid
Y	Y3	0,750	0,000	Valid
Y	Y4	0,867	0,000	Valid
Y	Y5	0,853	0,000	Valid

c. Reliabilities Test

The Cronbach's Alpha values for all constructs were above 0.70. These results indicate good internal consistency of the instrument and support the use of all items in the regression analysis.

Table 3. Reliabilities Test

Variable	Cronbach's Alpha	Item	Result
Spiritual intelligence (X1)	0,888	4	Reliabel
Emotional Bonding (X2)	0,860	5	Reliabel
employee performance	0,848	5	Reliabel

d. Frequency Distribution Analysis

The distribution of responses indicates a tendency for respondents to select categories 4 and 5. For X1.1, 56% of respondents selected a score of 5; for X1.2, 57% selected a score of 5; and for X1.4, 56% selected a score of 5. Regarding X2.2, 60% of respondents selected a score of 5, whereas for X2.4, 60% selected a score of 4. For variable Y, Y4 received 58% of responses at score 5, and Y5 received 57% at score 5. This pattern is consistent with the high mean values.

e. Multiple Linear Regression Results

The regression model used is Y = a + b1X1 + b2X2 + e. Based on the analysis output, the following equation was obtained:

$$Y = 2{,}700 + 0{,}240X1 + 0{,}684X2$$

Table 4. Multiple Linear Regression Results

Variable	B	Std. Error	Beta	t	Sig.
Constant	2,700	1,004	—	2,689	0,008
Spiritual intelligence (X1)	0,240	0,079	0,223	3,045	0,003
Emotional Bonding (X2)	0,684	0,071	0,708	9,651	0,000

f. Multicollinearity Test

Table 5. Multicollinearity Test

Variabel	Tolerance	VIF	Interpretation
Spiritual Intelligence (X1)	0,385	2,597	Does not indicate serious multicollinearity
Emotional Bonding (X2)	0,385	2,597	Does not indicate serious multicollinearity

The Tolerance value of 0.385 is above 0.10, and the VIF of 2.597 is below 10. Thus, there is no indication of serious multicollinearity between X1 and X2. Both variables can still be included simultaneously in the regression model.

g. Durbin-Watson Statistic and Assumption Testing Notes

The Durbin-Watson value is 1.970, which is close to 2. However, the available output does not list the dL and dU critical values. Therefore, a formal decision regarding the presence or absence of autocorrelation is

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not made based solely on the figure of 1.970. This value is treated as diagnostic information that requires confirmation against the appropriate critical values.

4.2. Discussion

This study aims to examine the influence of spiritual intelligence and emotional bonding on the employee performance at Ibnu Sina Hospital, Makassar. The study was conducted using a sample of 100 individuals, and overall, the results indicate that the performance of Ibnu Sina Hospital employees is associated with the two dimensions serving as the study's focus: spiritual intelligence and emotional bonding. High mean indicator values demonstrate that respondents tended to rate the three constructs positively.

a. The Influence of Spiritual Intelligence on Employee Performance

The regression coefficient for spiritual intelligence is 0.240, with a t-value of 3.045 and a significance level of 0.003. Since the significance value is less than 0.05, spiritual intelligence has a positive and significant effect on employee performance within the research model. Mathematically, assuming emotional bonding remains constant, a one-unit increase in the spiritual intelligence score corresponds to a 0.240-unit increase in the performance score. This finding aligns with the study's conceptual framework, which positions the meaning of work, values, integrity, and the ability to cope with pressure as psychological resources that support work behavior. The results are also consistent with research cited in the repor, specifically Hera et al. (2024) and Sulihing et al. (2024), which reported a positive and significant influence of spiritual intelligence on performance within their respective research contexts.

In the context of Ibnu Sina Hospital in Makassar, spiritual values are relevant to the hospital's service character—which, according to the research report, emphasizes Islamic service, morality, and ethics, as well as the values of trustworthiness (*Amanah*), professionalism, and noble character (*Akhlaqul Karimah*). Consequently, the statistical results serve as empirical evidence that variations in spiritual intelligence are linked to variations in employee performance once emotional bonding is incorporated into the model. Spiritual intelligence is an individual's ability to navigate life's challenges and difficult situations through an understanding of their spiritual values, as well as the capacity to manage emotions and make decisions based on deeper life principles. Analysis indicates that spiritual intelligence contributes positively to the performance of hospital employees.

Theoretically, this can be linked to employees' ability to find meaning in their work, uphold values and integrity, and manage pressure. In a hospital setting, work entails high demands regarding service and human interaction; consequently, dimensions of meaning and value can become integral to the work behavior process. The empirical findings of this study support the nature of the relationship posited in hypothesis H1. The results obtained in this study support the findings of Jibril et al., (2023), Cahya et al., (2024), and Kristina & Alfahmi, (2024) that spiritual intelligence can enhance employee performance, albeit within a different research context. Thus, it can be concluded that in hospital operations, spiritual intelligence is also crucial for improving the quality of employee work.

b. The Influence of Emotional Bonding on Employee Performance

Emotional bonding has a regression coefficient of 0.684, a t-value of 9.651, and a significance level of 0.000. Thus, emotional bonding has a positive and significant effect on employee performance within the research model. With spiritual intelligence held constant, a one-unit increase in emotional bonding is associated with a 0.684-unit increase in the performance score. The standardized beta coefficient for emotional bonding is 0.708. This figure indicates that the magnitude of the standardized coefficient for emotional bonding in the model is numerically higher than the standardized beta coefficient for spiritual intelligence (0.223). This statement describes the regression parameters and should not be interpreted as an assessment of the variables' quality.

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These findings can be explained through the concepts of emotional attachment, belongingness, and workplace social relationships. Employees who feel accepted, supported, valued, and part of a work group possess a psychological state that fosters work engagement and contribution. These findings align with the literature on affective commitment, high-performance human resource practices, talent management, and interpersonal relationships cited in the report. Conceptually, emotional bonding refers to a healthy, mutually supportive emotional connection between individuals within an organization, fostering a sense of belonging, trust, support, communication, and engagement, that strengthens workplace camaraderie and collaboration. Given that hospital work entails interprofessional coordination, the quality of interpersonal relationships serves as a crucial context for task execution and teamwork; emotional bonds must be cultivated among staff, medical personnel, and others to enable effective collaboration in saving patients from illness and other critical conditions.

Regarding the research indicator for trust, it is evident that employees place their trust in one another while working. This situation reflects workplace cohesion resulting from the trust shared among employees and across departments within the hospital. Employees, both medical and non-medical staff, support one another in completing their tasks. Employee interactions with patients also demonstrate empathy, indicating the presence of emotional bonding among employees as well as effective communication across various levels: among employees, between employees and supervisors, between non-medical and medical staff, and between employees and patients. Empirical results support H2, aligning with prior research by Safitri, (2011) which studied banking employees, and Mugge et al., (2009), which found that emotional bonding yields positive outcomes in the product personalization process.

From a managerial perspective, the research findings provide an empirical basis for hospitals to approach human resource development more holistically. Development programs could consider strengthening the sense of meaningful work and service values, while simultaneously fostering supportive working relationships. Policy implementation must remain tailored to the needs of specific work units and be evaluated based on measurable performance indicators.

V. Conclusion

Spiritual intelligence has a positive and significant effect on the employee performance at Ibnu Sina Hospital Makassar. This is evidenced by a B coefficient of 0.240, a t-value of 3.045, and a significance level of 0.003. Emotional bonding has a positive and significant effect on the employee performance at Ibnu Sina Hospital Makassar. This is evidenced by a B coefficient of 0.684, a t-value of 9.651, and a significance level of 0.000. Spiritual intelligence and emotional bonding simultaneously have a significant effect on employee performance, with an F-value of 192.812 and a significance level of 0.000. The model yields an R^2 of 0.799, indicating that 79.9% of the performance variation within the sample can be explained by the two independent variables. The adjusted R^2 is 0.795. The research instrument met validity and reliability test requirements: 14 items were valid, and Cronbach's Alpha values were 0.888, 0.860, and 0.848, respectively. A Tolerance value of 0.385 and a VIF of 2.597 indicate no signs of serious multicollinearity. The Durbin-Watson value of 1.970 is a diagnostic indicator close to 2, although a formal decision regarding autocorrelation cannot yet be made without dL and dU values. Hospital management could consider human resource development programs that integrate finding meaning in work, reinforcing service values, integrity, and managing work pressure with activities designed to strengthen interpersonal relationships. There are still many variables that can influence employee performance in hospitals but have not been examined in this study. Therefore, future research could incorporate additional variables—such as leadership, competence, workload, motivation, work stress, the work environment, and employee engagement, and utilize broader samples or research designs.

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AI Disclosure

The authors used ChatGPT (OpenAI) to assist with the preparation of this manuscript, particularly in language refinement, grammar correction, academic writing improvement, and manuscript organization. The use of this tool was limited to supporting the presentation and clarity of the manuscript. All AI-assisted content was critically reviewed, evaluated, and revised by the authors to ensure its accuracy and consistency with the research findings. The authors independently take full responsibility for the accuracy, originality, integrity, and validity of the research, including the data, statistical analyses, interpretations, citations, and conclusions presented in this manuscript. ChatGPT was not listed as an author, and its use was conducted in accordance with the principles of publication ethics and responsible academic writing.

Authorship Contribution

Conceptualization: Aryati Arfah and Kasnaeny Karim; Methodology: Aryati Arfah and Kasnaeny Karim; Investigation: Safrin Ridwan Loho and Rika Damayanti; Data Collection: Safrin Ridwan Loho and Rika Damayanti; Formal Analysis: Aryati Arfah and Kasnaeny Karim; Validation: Kasnaeny Karim and Safrin Ridwan Loho; Resources: Aryati Arfah and Rika Damayanti; Writing – Original Draft Preparation: Aryati Arfah and Rika Damayanti; Writing – Review and Editing: Aryati Arfah, Kasnaeny Karim, Safrin Ridwan Loho, and Rika Damayanti; Supervision: Kasnaeny Karim; Project Administration: Aryati Arfah; Funding Acquisition: Aryati Arfah. All authors have read and approved the final version of the manuscript and agree to be accountable for their respective contributions to the work.

Conflict of Interest Statement

The authors declare that they have no competing interests related to the research, authorship, or publication of this article.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to applicable ethical, legal, and privacy restrictions.

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