

SPIRITUAL INTELLIGENCE AS A MODERATOR IN THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND PSYCHOLOGICAL WELL-BEING AMONG MUSLIM HEALTHCARE WORKERS IN KLANG VALLEY, MALAYSIA

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Article history

Received date : 7-10-2025

Revised date : 8-10-2025

Accepted date : 3-11-2025

Published date : 15-11-2025

To cite this document:

Amran, A., Nik Min, N. M. F., Azhari, N. N. A., & Abdullah Thani, A. K. (2025). Spiritual intelligence as a moderator in the relationship between emotional intelligence and psychological well-being among Muslim healthcare workers in Klang Valley, Malaysia. *Journal of Islamic, Social, Economics and Development (JISED)*, 10 (78), 598 – 612.

Abstract: *This study explores the role of emotional intelligence (EI) as an independent variable, spiritual intelligence (SI) as a moderating variable, and psychological well-being (PWB) as a dependent variable among muslim healthcare workers in government hospitals in Klang Valley, Malaysia. The study involved 208 respondents from a population of 271 public servants. The data collected was analyzed using SPSS, with descriptive statistics, reliability tests, and regression analysis applied. The results show that spiritual intelligence (SI) positively moderates the relationship between emotional intelligence (EI) and psychological well-being (PWB). This finding underscores the importance of EI in enhancing healthcare workers' well-being and highlights the critical role of spiritual intelligence in improving psychological outcomes in high-stress environments such as healthcare. This study contributes to the understanding of how emotional and spiritual competencies can foster better psychological health, providing valuable implications for managing healthcare personnel in public hospitals.*

Keywords: *Psychological Well-being, Emotional Intelligence, Spiritual Intelligence, Healthcare workers*

Introduction

In recent years, there has been an increasing recognition of the importance of psychological well-being (PWB) in the workplace, especially within the healthcare sector, which is known for its demanding and emotionally taxing environment. Healthcare workers are frequently exposed to high levels of stress, leading to burnout, emotional exhaustion, and reduced job satisfaction. Consequently, the psychological well-being of these individuals has emerged as a crucial area of study, as it significantly impacts not only their performance but also the quality of care they deliver to patients (Kaur & Sambasivan, 2019; George & Thomas, 2021).

Emotional intelligence (EI) is a widely studied concept in organizational psychology that refers to the ability to recognize, understand, and manage one's own emotions and the emotions of others (Salovey & Mayer, 1990; Goleman, 1995). EI has been shown to contribute to better stress management, greater resilience, and improved interpersonal relationships (Buchanan & Preston, 2020). However, emotional intelligence alone may not be sufficient in ensuring optimal psychological well-being. The incorporation of spiritual intelligence (SI) has garnered attention as a moderating variable that could strengthen the positive relationship between EI and PWB, especially in high-stress environments like healthcare (Ahmad & Ismail, 2022; Rahman et al., 2019).

Spiritual intelligence, which involves a sense of purpose, self-awareness, and values that transcend individual self-interest, has been found to enhance psychological well-being and resilience (Zohar & Marshall, 2000; King, 2019). For healthcare workers, this additional layer of intelligence may provide a critical foundation to navigate challenging work environments and sustain a sense of purpose, even under pressure (Nasir et al., 2021).

The relationship between EI, SI, and PWB is particularly relevant in the context of government hospitals in Malaysia, where healthcare professionals often operate in resource-constrained environments, leading to heightened stress and workload (Hassan et al., 2020; Wong et al., 2023). In this study, emotional intelligence is examined as an independent variable, spiritual intelligence as a moderating variable, and psychological well-being as the dependent variable among healthcare workers in government hospitals within the Klang Valley.

Problem Statement

The healthcare sector in Malaysia faces numerous challenges, with healthcare workers often subjected to long hours, high workloads, and emotional exhaustion. Government hospitals, in particular, experience these stressors acutely due to the demand for quality healthcare services in resource-limited settings (Mokhtar et al., 2021; Azmi & Othman, 2022). This was supported by other study which stated that these difficulties are most pronounced at government hospitals where limited resources and elevated patient numbers exacerbate mental stress (Ismail et al., 2023; Mohd Zaki & Ahmad, 2022). Psychological well-being is a critical component in managing these stresses, as it contributes to overall job satisfaction, improved patient care, and reduced turnover (Ibrahim & Sulaiman, 2019; Tan et al., 2020). However, studies show that healthcare workers in Malaysia often experience lower levels of PWB compared to other sectors, primarily due to job-related stress and emotional demands (Lim et al., 2022; Ghazali et al., 2023). This is consistent with other study where the resultant decrease in PWB adversely influences staff morale, patient care quality, and organizational performance (Hashim et al., 2021; Lai et al., 2023).

While emotional intelligence has been identified as a beneficial trait for managing stress and fostering resilience, its effects on PWB may vary depending on other internal factors (Awang & Rahim, 2021; Yap et al., 2019). Other study defined emotional intelligence as the capacity to notice, manage, and successfully utilize emotions, is widely acknowledged as a significant predictor of psychological well-being (PWB) (Mayer et al., 2016; Fernandez-Berrocal & Extremera, 2020). Healthcare professionals possessing elevated emotional intelligence can more effectively manage stress and sustain emotional equilibrium (Kim et al., 2021; Ullah & Hassan, 2022). Nevertheless, emotional intelligence alone may be inadequate for addressing the profound existential and ethical dilemmas frequently encountered in healthcare environments (Rani et al., 2022; Sulaiman & Nasir, 2021).

Spiritual intelligence, which involves the ability to apply one's spiritual beliefs and practices in everyday life, has been posited as a potential moderating factor that could enhance the positive effects of EI on PWB (Zohar & Marshall, 2000; Idris et al., 2020). This is consistent with other study which defined Spiritual intelligence (SI) as the capacity to extract meaning, purpose, and inner tranquility from one's ideas and values, may augment the efficacy of emotional intelligence (EI) in fostering psychological well-being (PWB) (King, 2019; Rahim & Farid, 2022). In Muslim healthcare professionals, spiritual intelligence (SI) significantly correlates with faith-based coping mechanisms, including tawakkul (confidence in God) and sabr (patience), hence enhancing resilience and psychological stability (Abdullah et al., 2022; Al-Qarni & Ismail, 2021).

Notwithstanding the theoretical significance of both Emotional Intelligence (EI) and Social Intelligence (SI), empirical investigations into their interplay in forecasting Psychological Well-Being (PWB) among Malaysian healthcare professionals are scarce (Roslan et al., 2020; Wan et al., 2022). Similarly, research examining the moderating role of SI on the relationship between EI and PWB among healthcare workers, particularly in Malaysia, remains limited (Chan & Foo, 2022; Ong et al., 2019).

This study aims to address this gap by exploring the role of SI as a moderating variable in the relationship between EI and PWB. The findings could provide insights into interventions and strategies that enhance PWB among healthcare workers, ultimately improving the quality of healthcare services in government hospitals in Malaysia (Nor et al., 2021; Salleh & Azman, 2023).

Literature Review

Researchers have defined Psychological Well-Being (PWB) as a multifaceted condition that includes autonomy, environmental mastery, personal development, life purpose, positive relationships, and self-acceptance (Ryff, 2014). Psychological well-being has been widely studied, especially concerning healthcare workers who experience high stress levels due to the nature of their work. Studies have shown that factors such as job satisfaction, work-life balance, and emotional stability contribute significantly to PWB (John & Ali, 2020; Mohamed et al., 2022). In healthcare environments, prolonged exposure to patient distress, workload demands, and inadequate institutional support has been demonstrated to compromise staff psychological well-being and resilience (Al-Taher & Rahman, 2023; Lim & Hamid, 2024). Consequently, focus has shifted to personal competencies—such as emotional intelligence (EI) and spiritual intelligence (SI)—as protective characteristics that empower individuals to cope with stress and sustain healthy psychological functioning. However, given the unique challenges faced by

healthcare workers, the role of emotional intelligence and spiritual intelligence has garnered significant research interest.

Emotional Intelligence and Psychological Well-Being

Emotional intelligence denotes the capacity to recognize, comprehend, and manage emotions in oneself and others (Salovey & Mayer, 1990; Goleman, 1995). Emotional intelligence has been consistently linked to enhanced job performance, increased resilience, and reduced burnout in healthcare settings (Stewart & Lane, 2021; Lee & Kim, 2019). This finding is consistent with other study where emotional intelligence is crucial in healthcare for facilitating effective communication, empathy, and patient-centered care (George & Thomas, 2021; Zhang & Wang, 2020). EI has been shown to promote effective stress management, improve interpersonal relationships, and foster a positive work environment, which collectively contribute to higher levels of PWB (Ahmed & Suleiman, 2023; Tan et al., 2020). This is supported by multiple research which reveal that healthcare professionals with elevated emotional intelligence exhibit reduced burnout, increased job satisfaction, and enhanced psychological well-being (Yusoff et al., 2023; Stewart & Lane, 2021). Emotional intelligence assists individuals in recontextualizing stressful experiences and sustaining emotional equilibrium, hence augmenting mental resilience (Cheung & Tang, 2023). Nonetheless, despite its advantages, emotional regulation alone may not adequately safeguard against sustained occupational stress, indicating that additional internal factors—such as spirituality—might enhance the impact of emotional intelligence on well-being (Tan & Chong, 2022).

Spiritual Intelligence and Psychological Well-Being

On the other hand, spiritual intelligence, which involves finding purpose, meaning, and interconnectedness in life, has been found to enhance resilience and psychological well-being (King, 2019; Abdullah et al., 2021). Studies suggest that SI can enhance the positive effects of EI on PWB by providing a sense of purpose and perspective in challenging situations (Farid & Ali, 2022; Syed & Rahman, 2021).

Spiritual intelligence surpasses emotional regulation by incorporating purpose, transcendence, and moral consciousness into everyday activities (Zohar & Marshall, 2000; King, 2008). It allows individuals to extract significance from challenges and to synchronize personal values with professional responsibilities. In healthcare settings, SI offers a coping framework that assists professionals in addressing existential difficulties while preserving compassion and preventing emotional exhaustion (Abdullah & Ali, 2021; Rahman & Tan, 2019). Empirical evidence demonstrates a favorable correlation between social intelligence, psychological well-being, resilience, and work engagement (Miller & Badruddin, 2023; Salleh & Azman, 2023). Individuals with robust social intelligence are better equipped to preserve inner tranquility, optimism, and a feeling of greater purpose—qualities vital for sustaining well-being in emotionally demanding contexts. Recent data has underscored the cross-cultural significance of spiritual intelligence (SI) in collectivist countries like Malaysia, where spirituality constitutes a fundamental aspect of social and professional identity (Hassan & Aziz, 2022; Ismail et al., 2024). This contextual aspect indicates that spiritual intelligence enhances individual resilience and may help fortify organizational cohesion through common ethical and moral principles.

The moderating role of SI in the relationship between EI and PWB has been aslo highlighted in recent studies, with findings suggesting that individuals with high levels of both EI and SI tend to experience greater psychological well-being (Mustafa & Hasan, 2022; Ibrahim & Sulaiman, 2019). However, there is limited empirical research examining this relationship

within the context of Malaysian healthcare workers in government hospitals (Wong et al., 2023; Nasir et al., 2021).

The Interaction between Emotional and Spiritual Intelligence.

Although emotional intelligence (EI) and social intelligence (SI) have been examined independently, recent work indicates that their amalgamation provides a more comprehensive insight into well-being. Emotional intelligence (EI) equips individuals with the cognitive and emotional skills necessary for navigating interpersonal relationships, while spiritual intelligence (SI) offers existential significance and ethical foundation (Farid & Ali, 2022; King, 2019). The integration of these intelligences is thought to foster self-awareness, compassion, and purpose-driven coping strategies (Mohamed & Said, 2022; Al-Qarni et al., 2023). Research in educational and business environments indicates that individuals with elevated emotional intelligence (EI) and social intelligence (SI) generally have enhanced life satisfaction and psychological well-being (Mustafa & Hasan, 2022; Chew & Ibrahim, 2024).

Nonetheless, the moderating influence of social identity on the connection between emotional intelligence and psychological well-being remains little examined, especially in healthcare settings in underdeveloped countries. Prior research has predominantly regarded emotional intelligence (EI) and social intelligence (SI) as autonomous predictors of well-being, rather than investigating their dynamic interplay (Nasir & Ramli, 2021; Awang & Rahim, 2021). Theoretical integration posits that spiritual intelligence (SI) may augment the advantages of emotional intelligence (EI) by offering a spiritual framework for the interpretation of emotional experiences, therefore improving meaning-making and psychological resilience (Yap & Tan, 2019; Rahman et al., 2023).

Research Gap in the Malaysian Healthcare Context.

Malaysia's healthcare system experiences public hospitals grappling with resource deficiencies, extended working hours, and mental stress stemming from patient volume (Hassan et al., 2020; Ghazali & Rahman, 2023). Although emotional intelligence has been demonstrated to mitigate stress among Malaysian nurses and medical officers (Azmi & Othman, 2022; Nor & Azhar, 2021), there is a paucity of empirical studies investigating the moderating effect of spiritual intelligence on this relationship. Furthermore, the majority of local studies have concentrated on either emotional intelligence or spirituality as distinct entities (Ahmad & Ismail, 2022), neglecting the impact of their integration on psychological well-being. This disparity underscores the necessity for a model that contextualizes emotional and spiritual competencies within Malaysia's diverse and religious healthcare landscape. Comprehending this interaction may guide the formulation of training treatments that foster both emotional and spiritual growth, so improving healthcare professionals' capacity to maintain well-being in the face of significant occupational pressures.

Overview of Theoretical Consequences.

This study asserts that spiritual intelligence acts as a moderating factor that enhances the favorable relationship between emotional intelligence and psychological well-being. Healthcare professionals possessing emotional intelligence and spiritual grounding are more adept at constructively interpreting difficult situations, sustaining empathy, and deriving meaning from their vocational responsibilities. This theoretical integration enhances previous models of psychological well-being by including both emotional and spiritual aspects, hence addressing a significant deficiency in the current literature concerning Malaysian healthcare personnel.

Methodology

This study employed a quantitative approach, surveying 208 healthcare workers in government hospitals within Klang Valley. Data were collected using a structured questionnaire and analyzed using SPSS. Descriptive statistics were used to summarize the demographic characteristics, reliability tests to assess the internal consistency of the scales, and regression analysis to examine the relationships between emotional intelligence, spiritual intelligence and psychological well-being.

Sampling Technique

This research utilized a stratified random sample method to guarantee equitable representation of all categories of healthcare workers throughout Klang Valley, Malaysia. This approach ensured proper representation of each subgroup in the sample, hence reducing bias and enhancing the generalizability of the findings (Sekaran & Bougie, 2020). A total of 208 valid replies were obtained from 271 distributed questionnaires, resulting in a 76.7% response rate.

Instrumentation and Measurement Scales

This study employed three validated tools to assess Emotional Intelligence (EI), Spiritual Intelligence (SI), and Psychological Well-Being (PWB):

1. Emotional Intelligence (EI)

Assessed with the Wong and Law Emotional Intelligence Scale (WLEIS) established by Wong and Law (2002). This 16-item scale evaluates four dimensions which are self-emotion assessment, others' emotion assessment, utilization of emotion and emotion regulation. Each item was evaluated using a 5-point Likert scale, with 1 representing Strongly Disagree and 5 representing Strongly Agree. The WLEIS has been validated in Asian contexts, demonstrating strong internal consistency (Cronbach's $\alpha > 0.85$) and reliability in workplace research (Law et al., 2004).

2. Spiritual Intelligence (SI)

Assessed utilizing the Spiritual Intelligence Self-Report Inventory (SISRI-24) developed by King (2008). The instrument assesses four dimensions which are critical existential contemplation, personal significance creation, transcendental consciousness and the extension of conscious states. Responses were documented using a 5-point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree). The SISRI-24 has been extensively utilized in intercultural contexts, including research on Islamic spiritual values in Malaysia (Nasir & Ramli, 2021).

3. Psychological Well-Being (PWB)

Assessed utilizing Ryff's Psychological Well-Being Scale (1989), modified to consist of 18 items across six dimensions which are autonomy, environmental mastery, personal growth, favorable relationships, purpose in life and self-acceptance. Every item was evaluated using a 5-point Likert scale. The measure exhibited robust reliability and predictive validity concerning mental health outcomes (Abbott et al., 2010; Ryff & Keyes, 1995).

Approach to Moderation Testing.

A hierarchical multiple regression analysis was performed to investigate the moderating effect of Spiritual Intelligence (SI) on the link between Emotional Intelligence (EI) and Psychological Well-Being (PWB), adhering to the methodologies established by Aiken and West (1991) and Hayes (2018).

1. Mean-Centering

The predictor (EI) and moderator (SI) variables were mean-centered to mitigate multicollinearity and improve interpretability (Cohen et al., 2003).

2. Creation of Interaction Terms

An interaction term ($EI \times SI$) was generated to encapsulate the moderating impact.

3. Testing of Hierarchical Models

Model 1: Evaluated the primary influence of Emotional Intelligence on Psychological Well-Being. Model 2: Incorporated SI as an extra predictor. Model 3: Incorporated the interaction term ($EI \times SI$) to evaluate moderation. A substantial alteration in R^2 (ΔR^2) and a noteworthy beta coefficient for the interaction term validated the moderation effect. A post-hoc simple slope analysis was employed to elucidate the interaction at elevated and diminished levels of SI.

Analysis

Table 1: Reliability Tests (Cronbach's Alpha)

	Variables	Results
1	Emotional Intelligence (EI)	0.82
2	Spiritual Intelligence (SI)	0.78
3	Psychological Well-being (PWB)	0.85

Table 2: Regression Analysis

Regression Analysis	Predictor Variables	Dependent Variable	Standardized Beta (β)	p-value	R^2	Interpretation
Model 1: Main Effect	Emotional Intelligence (EI)	Psychological Well-being (PWB)	0.45	< 0.01	0.25	EI positively impacts PWB
	Emotional Intelligence (EI)	Psychological Well-being (PWB)	0.35	< 0.01	0.40	Positive effect of EI on PWB with SI as moderator
Model 2: Moderation	Spiritual Intelligence (SI)	Psychological Well-being (PWB)	0.30	< 0.01		SI positively impacts PWB
Model 3: Interaction Effect (Moderation)	EI x SI Interaction Term	Psychological Well-being (PWB)	0.30	< 0.01	0.50	SI positively moderates the EI-PWB relationship

Descriptive statistics revealed the demographic distribution of respondents, providing insight into age, gender, educational level, and years of experience. Reliability tests indicated strong internal consistency across the scales for EI, SI, and PWB, with Cronbach's alpha values exceeding the acceptable threshold of 0.7.

Regression analysis was conducted to test the hypothesis that spiritual intelligence moderates the relationship between emotional intelligence and psychological well-being. The findings confirmed that SI positively moderates the EI-PWB relationship, suggesting that healthcare workers with high levels of both EI and SI experience greater PWB.

Finding

The study investigated the role of emotional intelligence (EI) as an independent variable, spiritual intelligence (SI) as a moderating variable, and psychological well-being (PWB) as the dependent variable among healthcare workers in government hospitals in Klang Valley, Malaysia. The key findings, based on descriptive, reliability, and regression analyses, are as follows:

Descriptive Statistics

The demographic profile of the respondents revealed an average age of approximately 35.4 years, with a fairly balanced gender distribution (45% male and 55% female). Educational attainment varied, with the majority holding a Bachelor's degree (60%), followed by those with a Master's/Doctorate (20%) and a Diploma (20%). The average years of experience among respondents was 10.5 years. This demographic diversity provided a representative sample, reflecting healthcare workers' varied backgrounds and experiences in government hospitals.

Reliability Analysis

Reliability tests showed that the internal consistency of the scales used for EI, SI, and PWB was strong, with Cronbach's alpha values exceeding the commonly accepted threshold of 0.7 (EI = 0.82, SI = 0.78, and PWB = 0.85). These high reliability scores indicate that the measurement scales were dependable, meaning they consistently captured the intended variables, thus ensuring the robustness of the study findings.

Regression Analysis and Hypothesis Testing

The regression analysis provided insights into the relationships between EI, SI, and PWB:

Main Effect of EI on PWB

The regression analysis confirmed that emotional intelligence significantly and positively impacted psychological well-being ($\beta = 0.45$, $p < 0.01$). This result supports the hypothesis that healthcare workers with higher emotional intelligence levels are more likely to experience better psychological well-being. Higher EI allows individuals to effectively manage stress, empathize with others, and maintain positive interpersonal relationships, all of which contribute to their mental health and resilience. This finding aligns with previous research indicating that EI plays a crucial role in enhancing psychological well-being, particularly in high-stress environments like healthcare.

Moderating Role of SI

When spiritual intelligence was introduced as a moderating variable, its main effect was also positive and significant ($\beta = 0.30$, $p < 0.01$), further improving psychological well-being among healthcare workers. Additionally, the interaction term (EI x SI) significantly predicted psychological well-being ($\beta = 0.30$, $p < 0.01$), indicating a positive moderation effect of SI on the EI-PWB relationship. This means that healthcare workers with both high EI and high SI reported greater psychological well-being compared to those with high EI alone. The R^2 value increased from 0.25 in the main effect model to 0.50 in the moderated model, suggesting that SI strengthens the positive impact of EI on PWB.

Explanation of Moderation Effect

The moderating role of SI suggests that healthcare workers who possess a strong sense of spirituality or purpose are better able to leverage their emotional intelligence to maintain

psychological well-being. Spiritual intelligence provides a framework for individuals to find meaning and purpose, helping them handle challenges with resilience and maintain a balanced perspective. This combination of high EI and SI allows healthcare workers to effectively cope with work-related stressors, sustain a sense of purpose, and remain mentally resilient in the face of adversity. Therefore, the presence of SI appears to enhance the efficacy of EI in promoting psychological well-being, particularly in high-demand work environments like healthcare.

The findings indicate that both EI and SI are significant predictors of psychological well-being among healthcare workers. More importantly, the moderating effect of SI suggests that healthcare workers with high levels of both EI and SI experience better psychological well-being than those with high EI alone. These results underscore the potential benefits of developing both emotional and spiritual intelligence to foster resilience, improve mental health, and enhance job satisfaction among healthcare professionals.

This study highlights the importance of considering both emotional and spiritual dimensions in strategies aimed at improving the well-being of healthcare workers.

Discussion

This study provides insights into the relationship between emotional intelligence (EI), spiritual intelligence (SI), and psychological well-being (PWB) among healthcare workers in government hospitals. The findings indicate that EI has a direct, positive effect on PWB, while SI serves as a moderator, strengthening this relationship. This discussion explores the implications of these findings, drawing connections to existing literature, and highlighting the significance of these insights for healthcare workers operating in high-stress environments.

Emotional Intelligence and Psychological Well-being

The study confirmed that emotional intelligence positively influences psychological well-being, aligning with substantial research in organizational psychology that emphasizes EI's critical role in improving mental health and resilience, particularly in stressful environments (Buchanan & Preston, 2020; Stewart & Lane, 2021). Healthcare workers with high EI are better equipped to manage stress, adapt to challenging situations, and maintain positive relationships with colleagues and patients. Emotional intelligence enables individuals to understand and manage their emotions, as well as those of others, which is especially valuable in healthcare settings where emotional labor is high (Lee & Kim, 2019; George & Thomas, 2021).

In line with Goleman's (1995) model of EI, which highlights self-awareness, self-regulation, motivation, empathy, and social skills as key components, this study suggests that healthcare workers who excel in these areas are better able to maintain psychological well-being. For example, self-awareness and self-regulation allow healthcare workers to recognize and manage their own stressors, while empathy and social skills facilitate positive interactions and supportive relationships within their teams (Tan et al., 2020; Ahmad & Ismail, 2022). These skills may be particularly important in government hospitals, where the demand for services and limited resources can lead to frequent job stress.

Spiritual Intelligence as a Moderator in the EI-PWB Relationship

The role of spiritual intelligence as a moderator between emotional intelligence and psychological well-being is an important contribution to the literature. SI was shown to enhance the positive impact of EI on PWB, meaning that individuals with high levels of both EI and SI

experienced better psychological well-being compared to those with high EI alone. This finding aligns with previous research that suggests SI can provide a sense of purpose, resilience, and an ability to find meaning in challenging situations (King, 2019; Rahman et al., 2019).

Spiritual intelligence includes the capacity to derive meaning from life experiences, align behavior with personal values, and engage in reflective practices, all of which can support emotional regulation and reduce stress (Farid & Ali, 2022; Abdullah et al., 2021). For healthcare workers, who often witness suffering and mortality, a strong sense of purpose and connection to a larger meaning can offer a buffer against the emotional toll of their work. By enhancing self-awareness, fostering a sense of purpose, and providing tools for coping with adversity, SI complements EI and enables healthcare workers to maintain a stable mental state and higher psychological well-being (Idris et al., 2020; Chan & Foo, 2022).

Implications of High EI and SI for Healthcare Workers

The combined effect of high EI and SI underscores the importance of both emotional and spiritual resources in promoting psychological well-being. This dual strength enables healthcare workers to harness both emotional regulation and spiritual resilience when facing workplace challenges. High EI allows healthcare workers to manage interpersonal stress, which is crucial in patient care, while high SI provides a framework for dealing with existential challenges and ethical dilemmas that are common in healthcare environments (Mustafa & Hasan, 2022; Nasir et al., 2021).

Moreover, the interaction between EI and SI may encourage healthcare workers to build stronger, more supportive relationships with colleagues, creating a positive work environment. The relational skills associated with high EI, coupled with the purpose-driven approach fostered by high SI, can lead to greater empathy and understanding among staff members. This, in turn, contributes to a supportive team dynamic that can mitigate stress and enhance job satisfaction, ultimately leading to improved psychological well-being (Awang & Rahim, 2021; Yap et al., 2019).

Practical Implications for Healthcare Management

Given the positive impact of EI and SI on PWB, healthcare administrators should consider implementing programs that nurture both emotional and spiritual competencies. Training sessions focused on emotional regulation, stress management, and effective communication can help develop EI, while workshops or resources on mindfulness, self-reflection, and finding purpose in work can strengthen SI. Integrating these elements into employee well-being programs could provide healthcare workers with the tools needed to navigate stress, foster resilience, and maintain psychological well-being (Tan et al., 2020; Salleh & Azman, 2023). Organizations may also benefit from promoting a workplace culture that values spirituality, empathy, and emotional support. For example, creating safe spaces for employees to discuss work-related challenges and ethical dilemmas can help normalize these discussions and reduce stigma around seeking emotional or spiritual support. Furthermore, leaders in healthcare should model EI and SI, demonstrating empathy, self-awareness, and a sense of purpose, which can foster an organizational culture that prioritizes well-being and resilience (Nor et al., 2021; Mohamed et al., 2022).

Limitations

While this study contributes valuable insights, several limitations should be acknowledged. First, the study focused on healthcare workers in government hospitals within Klang Valley, limiting the generalizability of the findings to other regions or sectors. Future research could extend this study to include private hospitals, diverse healthcare roles, or healthcare workers in other geographic locations to better understand the universal and context-specific aspects of the EI-SI-PWB relationship (Azmi & Othman, 2022).

Additionally, this study employed self-reported measures, which may introduce response bias. Future studies could incorporate longitudinal designs or objective assessments to strengthen the validity of the findings. Lastly, while this study focused on SI as a moderating variable, other potential moderators, such as job satisfaction or work-life balance, could be examined to capture a more comprehensive understanding of the factors that impact healthcare workers' psychological well-being (Lim et al., 2022; Ghazali et al., 2023).

Future Research Directions

To broaden the understanding of emotional intelligence (EI), spiritual intelligence (SI), and psychological well-being (PWB) in diverse healthcare environments, future research could be conducted in teaching universities, such as the Health Campus of Universiti Sains Malaysia (HUSM) in Kelantan. This study could also extend to other regions, such as the East Coast states of Kelantan and Terengganu, for several reasons:

Unique Setting of Teaching Hospitals

Teaching hospitals like HUSM provide a unique environment where healthcare services and medical education intersect. Healthcare professionals at teaching universities often juggle clinical responsibilities, research duties, and teaching roles. This multi-faceted work environment presents unique challenges and stressors that may influence EI, SI, and PWB differently compared to non-teaching hospitals. Investigating how these variables interact in a teaching hospital could reveal valuable insights into the additional demands and coping mechanisms specific to academic healthcare settings.

Differences in Work Culture and Stress Level

Teaching hospitals tend to have a collaborative environment where faculty, residents, and students work closely together. This setting may impact levels of emotional and spiritual intelligence, as well as psychological well-being, due to the high degree of interaction, teaching pressures, and the presence of a learning-focused culture. Understanding how EI and SI function within these dynamics can provide insights into effective coping strategies that might benefit staff in both teaching and non-teaching healthcare environments.

Geographic and Cultural Diversity

Expanding research to the East Coast states of Malaysia, such as Kelantan and Terengganu, is essential for capturing the influence of cultural and regional factors on EI, SI, and PWB. These regions have distinct socio-cultural values, particularly with a stronger emphasis on spirituality and community support, which may impact the role of SI in moderating the EI-PWB relationship. Additionally, healthcare workers in rural or semi-urban areas may experience different types and levels of stress compared to those in more urban regions like Klang Valley.

By conducting research in these areas, findings can be more representative and generalizable across Malaysia's diverse healthcare system.

Addressing Regional Healthcare Challenges

Teaching hospitals in regions such as Kelantan often face unique healthcare challenges, such as limited resources, staffing constraints, and a higher burden of chronic diseases. Investigating EI, SI, and PWB in this context could highlight how these intelligences help healthcare professionals manage regional healthcare issues and whether specific interventions (e.g., training in emotional regulation or spiritual practices) could support their well-being.

Implications for Training and Development

Research in a teaching hospital like HUSM could have significant implications for training programs in medical education. If high levels of EI and SI are found to positively influence PWB in such an environment, this could justify the inclusion of EI and SI development in medical and healthcare curricula. This would help prepare future healthcare workers to better manage stress, maintain well-being, and deliver quality patient care under complex conditions.

In summary, conducting research in a teaching university and in East Coast states like Kelantan or Terengganu would allow researchers to explore how regional and institutional factors shape EI, SI, and PWB among healthcare workers. This can inform targeted interventions to enhance the well-being of healthcare professionals across diverse settings in Malaysia.

Conclusion

In summary, this study highlights the importance of emotional intelligence and spiritual intelligence in fostering psychological well-being among healthcare workers. The moderating role of SI suggests that healthcare workers benefit most when they possess both high EI and SI, as this combination enables them to manage stress more effectively and find meaning in their work. These findings underscore the need for interventions that develop both emotional and spiritual competencies, providing healthcare workers with the resources they need to maintain resilience and mental health in high-stress environments.

In recognizing the importance of holistic well-being in healthcare, administrators and policymakers have an opportunity to implement targeted programs that enhance EI and SI, thereby improving the quality of care provided and the overall well-being of healthcare professionals. This research contributes to the growing understanding of the psychological needs of healthcare workers and offers a pathway for promoting sustainable well-being in demanding work settings.

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