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Emotional Intelligence and Spiritual Intelligence on Job Satisfaction Among Nurses

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ABSTRACT

Purpose: This study analyzes the partial and collective relationships between the dimensions of emotional intelligence and spiritual intelligence and nurses' job satisfaction.

Research Method: This quantitative study employed a cross-sectional analytical observational design. The sample consisted of 88 nurses from the inpatient ward at Labuang Baji Regional General Hospital in Makassar, selected through total sampling. Data were collected using a Likert-scale questionnaire and analyzed using simple and multiple linear regression.

Results and Discussion: Self-motivation and transcendental awareness are positively associated with job satisfaction. Empathy and critical existential thinking have negative coefficients in the multiple model. However, their directions are opposite to those in the bivariate results, suggesting the possibility of suppression or model instability. The other dimensions do not show significant partial associations. Collectively, all dimensions are significantly related to job satisfaction and account for 56.8% of its variance, though causality cannot be established.

Implications: Hospitals can integrate the development of spiritual motivation and capacity into professional training programs, along with improvements in working conditions. Multicenter, longitudinal studies with construct validation and control for confounding factors are needed.

Originality: This study examines, in an integrated manner, the relationship between nine emotional and spiritual dimensions and job satisfaction among nurses in public hospitals.

Keywords: emotional intelligence; spiritual intelligence; job satisfaction; nurses; hospitals.

1. Introduction

Health care is a basic community need that must be provided in a high-quality, sustainable, and patient-safety-oriented manner. In the delivery of hospital services, nurses are the healthcare professionals who interact most frequently with patients and serve on the front lines in ensuring the continuity of care. Therefore, nurses' job satisfaction is a critical issue because it is linked to productivity, quality of care, and patient safety (Dewi *et al.,* 2025). Nurses who are satisfied with their work tend to demonstrate a strong work ethic, discipline, and the ability to provide optimal care. Conversely, low job satisfaction is associated with decreased motivation, increased work-related stress, and a desire to change jobs (Delfina, 2024).

The issue of nurses' job satisfaction has become increasingly relevant amid disparities in the availability and distribution of the nursing workforce. The State of the World's Nursing 2025 report

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published by the World Health Organization indicates that the global nursing workforce increased from 27.9 million in 2018 to 29.8 million in 2023. However, approximately 78% of the world's nurses are concentrated in countries that account for only 49% of the global population. Furthermore, a systematic review indicates that the world still faces a shortage of approximately 5.9 million nurses (Vries *et al.,* 2023). At the national level, the motivation, performance, and well-being of healthcare workers are critical components in strengthening Indonesia's healthcare system. Hospitals are required to implement continuous improvement to ensure they can provide high-quality, beneficial services to the community (Indonesian Ministry of Health, 2022).

These demands are also faced by the Labuang Baji General Hospital in Makassar, a hospital owned by the South Sulawesi Provincial Government that provides referral services. Nurses in the inpatient unit work 24-hour shifts and manage varying patient volumes, service needs, and clinical conditions. This environment demands the ability to adapt, manage emotions, maintain professionalism, and build interpersonal relationships with patients and other healthcare workers (Feybe & Emiliana, 2024). Previous research has shown that physical and mental workload is associated with stress and nursing performance (Rahmat *et al.,* 2024), while the shift system, workload, psychosocial factors, and length of service are associated with work-related fatigue (Apritalia *et al.,* 2025). Nurses also face pressure due to job demands and the large number of patients they must monitor (Pratiwi *et al.,* 2024). The relationship between work-related stress and the performance of inpatient nurses was also found by Ismail *et al.,* (2023), while work-related pressure is associated with nurses' physical and psychological well-being, comfort, and work quality (Suliastiani *et al.,* 2023).

Although they face relatively similar work environments and service demands, individual nurses may respond differently. Some nurses can maintain interpersonal communication and professionalism under heavy workloads, while others are more prone to stress, burnout, and declining job satisfaction. These differences indicate that individual internal capacities must be considered alongside work and organizational conditions when analyzing job satisfaction. Razak *et al.,* (2024) found that proactive personality, perceived organizational support, and core self-evaluation are associated with job satisfaction among healthcare workers at Labuang Baji Regional General Hospital. Other findings also demonstrate a link between an individual's psychological capacities and work experiences, although this relationship cannot be directly interpreted as a causal one (Syaifudin *et al.,* 2025).

Two internal capacities believed to be associated with nurses' job satisfaction are emotional intelligence and spiritual intelligence. Emotional intelligence reflects an individual's ability to recognize, understand, use, and manage their own emotions as well as those of others. In nursing practice, this ability helps nurses control their emotional responses, build interpersonal communication, and maintain harmonious work relationships (Assyfa *et al.,* 2023). Meanwhile, spiritual intelligence relates to an individual's ability to reflect on existential issues, construct personal meaning, recognize transcendental dimensions, and expand states of consciousness. These abilities help individuals find meaning in their work and maintain a positive outlook in high-pressure situations (Umah *et al.,* 2025). Spiritual intelligence in this study is understood as a psychological capacity and is not equated with religiosity, which refers to religious beliefs and practices. This concept also differs from spiritual nursing care, which refers to professional actions taken to meet patients' spiritual needs. Sistawati's (2024) study on the low level of spiritual care competence and the lack of integration of spiritual care guidelines at Labuang Baji Regional General Hospital was therefore used as the organizational context rather than as a direct measure of nurses' spiritual intelligence.

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Previous research has examined emotional intelligence and spiritual intelligence using different designs and outcomes. Sari *et al.,* (2025) examined both constructs in relation to performance, with job satisfaction as an intervening variable, using Structural Equation Modeling–Partial Least Squares. Umah *et al.,* (2025) investigated the relationship between spiritually based nursing care and job satisfaction using a Chi-square analysis. Meanwhile, Purwanggono (2023) treated performance as the dependent variable and found differing results between emotional intelligence and spiritual intelligence. These differences in constructs, the role of job satisfaction, analytical methods, research subjects, and empirical findings indicate that the relationship between emotional intelligence and spiritual intelligence with work outcomes remains inconsistent. Research at Labuang Baji Regional General Hospital has also focused more on workload, stress, fatigue, psychosocial factors, and organizational support. Studies that comprehensively analyze the relationship between aspects of emotional intelligence and spiritual intelligence and nurses' job satisfaction remain limited.

Given these gaps, this study examines whether the aspects of emotional and spiritual intelligence measured here are statistically associated with nurses' job satisfaction at Labuang Baji Regional General Hospital in Makassar, both individually and collectively. This study aims to analyze the direction and strength of the relationship, as well as the statistical contribution of each aspect to the variation in nurses' job satisfaction. The novelty of this study lies in the direct and integrated testing of these two internal capacities by treating job satisfaction as the primary outcome without mediating variables. Consistent with a cross-sectional observational design, the study results are interpreted as statistical associations and are not used to infer temporal or causal relationships. The study findings are expected to provide empirical evidence for human resource development, the strengthening of holistic nursing care, and the improvement of hospital service quality.

The remainder of this paper is organized as follows. Section 2 provides a literature review and hypothesis development. Section 3 presents the research method and design. Section 4 provides the results and discussion. Section 5 presents Concluding Remarks and Recommendations.

2. Literature Review and Hypothesis Development

2.1 *Nurses' Job Satisfaction*

Job satisfaction describes an individual's evaluation of various aspects of work that shape their feelings, interest, and motivation in the workplace (Umah *et al.,* 2025). Locke (1976) defined it as a positive emotional state resulting from the evaluation of work experiences and related to organizational loyalty and citizenship behavior (Jain *et al.,* 2024). As a multidimensional psychological response, job satisfaction encompasses cognitive, affective, and behavioral aspects related to job characteristics, the work environment, social relationships, and the reward system (Emexidis & Gkonis, 2025). Supportive social relationships, mutual trust, and camaraderie in the workplace are also associated with positive evaluations and employees' job satisfaction (Asniwati & Latief, 2026). In nursing, job satisfaction reflects the alignment between job conditions and demands and nurses' values, expectations, and competencies (Hermansson *et al.,* 2024), including feelings of happiness, fulfillment of needs, fairness, recognition, and a sense of meaning in providing care (Saliya *et al.,* 2024). This satisfaction is reflected in professional attitudes and behaviors that support performance and the quality of care (Rokhayati & Irianto, 2025; Nurfadillah *et al.,* 2023) and is associated with nurses' desire to remain in the profession, cooperative behavior, a sense of being valued, and pride in their institution (Muchlis *et al.,* 2022).

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Robbins and Judge (2017) emphasize the importance of alignment between expectations, contributions, and financial and non-financial rewards in shaping job evaluations (Jenar *et al.,* 2024). Meanwhile, Luthans (2006) outlines five aspects of job satisfaction: salary, promotion, supervision, coworkers, and the work itself (Aunianova, 2025; Dika & Agus, 2021). Luthans' framework is used as a conceptual perspective on the sources of job satisfaction but is not equated with the measurement structure of the Minnesota Satisfaction Questionnaire (MSQ). In this study, job satisfaction is measured using the MSQ framework, which distinguishes among intrinsic, extrinsic, and general satisfaction (Weiss *et al.,* 1967). Intrinsic satisfaction relates to the content and experience of performing the job, while extrinsic satisfaction relates to organizational policies, supervision, compensation, and working conditions. The relevance of these extrinsic factors is supported by Syahrir *et al.,* (2024), who demonstrated that the work environment is associated with job satisfaction and that job satisfaction mediates the relationship between the work environment and employee productivity. This distinction is necessary to ensure that definitions, dimensions, and measurement indicators remain consistent and do not conflate two frameworks with different structures.

Nurses' job satisfaction is shaped by the interaction between individual characteristics and the hospital's work system, particularly motivation, managerial roles, organizational policies, salary, growth opportunities, and communication (Murni, 2022). Intrinsic motivation relates to enthusiasm, a sense of belonging, commitment, and readiness to meet service demands (Delfina, 2024; Krepia *et al.,* 2023). Supportive leadership, fair policies, appropriate compensation, career development opportunities, and open communication are also associated with positive job evaluations (Nawangwulan & Yusfik, 2025; Isfahani *et al.,* 2024). Satisfaction with salary is related not only to the nominal amount but also to its alignment with workload and the fairness of the compensation system (Delfina, 2024; Krepia *et al.,* 2023). These factors constitute individual and organizational contexts that may be related to job satisfaction, but not all of them were measured or controlled for in this study. From an Islamic perspective, responsibility in work also holds normative value, as emphasized in Surah At-Taubah, verse 105. However, this religious value is treated as an ethical context and is not used as a psychometric dimension of job satisfaction.

2.2 *Emotional Intelligence*

Emotional intelligence is an individual's ability to recognize and understand their own emotions, as well as those of others, to use emotional information, and to regulate emotions adaptively when facing work demands. Individuals with high emotional intelligence tend to manage work-related stress, build positive interpersonal relationships, and demonstrate optimal performance (Rannu *et al.,* 2023). This ability also includes observing feelings and using emotional information to make appropriate decisions and take appropriate actions (Utami *et al.,* 2023). In nursing, emotional intelligence relates to a nurse's ability to cope with stress and conflict, solve problems, adapt to the demands of patient care, and build professional relationships that support performance and job satisfaction (Sharma *et al.,* 2023). Its role is crucial because nursing care requires patience, composure, empathy, and harmonious interpersonal relationships (Othman *et al.,* 2024).

According to Goleman, emotional intelligence reflects the ability to understand one's own and others' emotions, to motivate oneself, and to channel emotions positively in work activities and interpersonal relationships (Alfian *et al.,* 2025). Goleman (2012) outlined five dimensions: self-awareness, emotion regulation, self-motivation, empathy, and social skills (Mariati *et al.,* 2022). Goleman's

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framework was used to explain the general functions of emotional intelligence but was not employed as the operational structure of the research instrument. The research measurement follows the Wong and Law Emotional Intelligence Scale (WLEIS), which consists of four dimensions: self-emotional assessment, assessment of others' emotions, use of emotions, and regulation of emotions (Wong & Law, 2002). A distinction between Goleman's conceptual framework and the WLEIS measurement structure is necessary to prevent Goleman's five dimensions from being directly mapped onto the four WLEIS dimensions without a theoretical basis and validity testing.

Self-emotion recognition refers to the ability to identify and understand one's own emotional states. In contrast, recognition of others' emotions refers to the ability to understand emotions from expressions and interpersonal behavior. Emotional use relates to the ability to direct emotions to support constructive activities and task completion. Emotional regulation, meanwhile, reflects the ability to maintain and restore emotional states adaptively. In nursing practice, these four abilities can support communication, teamwork, conflict management, and professionalism when dealing with patients in diverse conditions. The relationship between emotional intelligence and job satisfaction is thought to arise from the ability to manage emotional information, which can help nurses assess and respond to work experiences more adaptively. However, this relationship does not mean that emotional intelligence directly causes job satisfaction, organizational commitment, or nurse retention (Soriano-Vázquez *et al.,* 2023a). The principle of emotional control is also consistent with QS. Ali Imran verse 134; however, that verse is presented as an ethical context regarding anger management and forgiveness, not as a source of a dimension or psychometric indicator for the WLEIS.

2.3 *Spiritual Intelligence*

Spiritual intelligence is an individual's ability to understand and give meaning to life, as well as to guide behavior based on deeply held beliefs (Riswan *et al.,* 2024). Spiritual intelligence also refers to the internal capacity to reflect on life's challenges, remain flexible when facing difficulties, and develop an awareness of life's meaning and purpose (Korkut & Cetin, 2025). Through this capacity, individuals can integrate cognitive, emotional, and spiritual resources to support their well-being and quality of life (Amran, 2022). In nursing, spiritual intelligence refers to a nurse's ability to make sense of professional experiences, maintain integrity, and respond to stress reflectively (Puspanegara *et al.,* 2023). This construct is not to be equated with religiosity. Religiosity refers to religious beliefs, identity, and practices, whereas spiritual intelligence refers to a set of psychological abilities in processing existential issues, meaning, transcendence, and consciousness. Therefore, Quranic verse 28 of Surah Ar-Ra'd is used as a context for religious values regarding inner peace, not as a psychometric indicator of spiritual intelligence.

King (2008) divides spiritual intelligence into four dimensions: critical existential thinking, personal meaning-making, transcendental awareness, and expanded states of consciousness (Stiliya *et al.,* 2024). Critical existential thinking is the ability to deeply reflect on issues of existence, purpose, reality, and life. Personal meaning-making refers to the ability to develop personal goals and meanings from experience. Transcendental awareness is the ability to recognize dimensions that transcend the physical aspects of oneself, others, and the environment. Expansion of states of consciousness describes the ability to enter and control higher levels of consciousness. This final dimension is not limited to meditation or mindfulness, as these practices are merely two contexts that may be related to the

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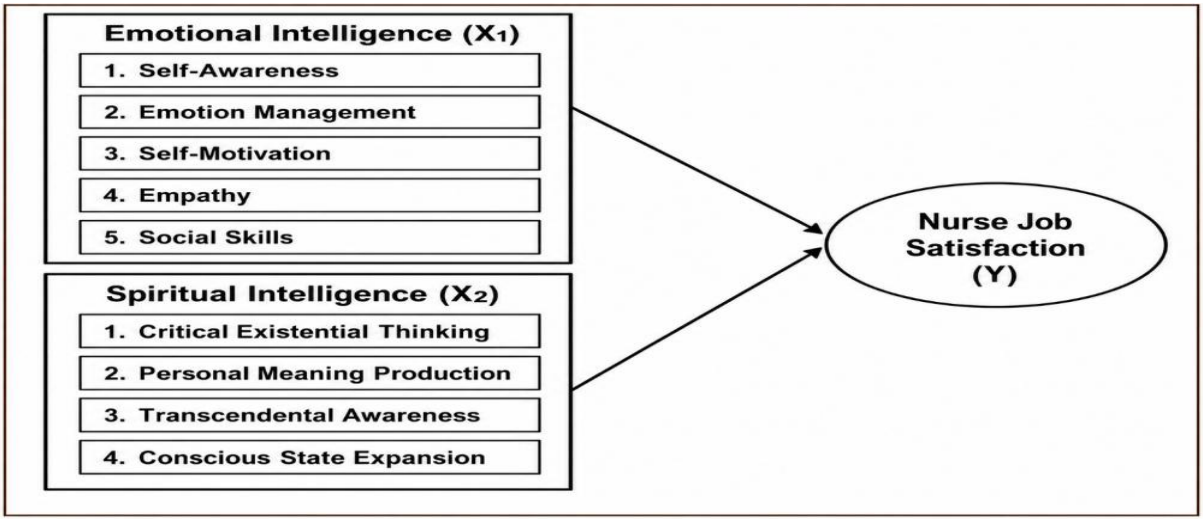
expansion of consciousness. These four dimensions explain nurses' internal capacities and do not directly measure their ability to provide spiritual care to patients.

Spiritual intelligence is positively correlated with competence, personal commitment, and the quality of professional practice, as reflected in job evaluations (Sharifnia *et al.*, 2022). The ability to view work as a meaningful activity, maintain moral integrity, and align personal values with professional roles is believed to be related to psychological well-being and job satisfaction (Sharifnia *et al.*, 2022). Umah *et al.*, (2025) found a significant relationship between spiritually-based nursing practice and nurses' job satisfaction. However, spiritual nursing practice refers to professional behavior aimed at meeting patients' spiritual needs and is thus distinct from spiritual intelligence as an individual's psychological capacity. These findings provide empirical context for the spiritual dimension of nursing work, not direct evidence of a relationship between spiritual intelligence—based on King's model—and job satisfaction. Thus, this study focuses on the relationship between the four dimensions of spiritual intelligence and job satisfaction, without equating spiritual intelligence with religiosity, spiritual competence, or spiritual nursing care. Because the study design is cross-sectional, these relationships are interpreted as statistical associations rather than evidence of causality.

***2.4** Conceptual Framework and Hypothesis Development*

Figure 1. Conceptual Framework



A hypothesis is a tentative answer to a research question, the validity of which must be proven through statistical testing. Based on the theoretical foundation and conceptual framework outlined above, the alternative hypotheses in this study are formulated as follows:

- ***Ha₁:** Self-awareness, as a dimension of emotional intelligence, influences job satisfaction among nurses.*
- ***Ha₂:** Emotional regulation, as a dimension of emotional intelligence, influences job satisfaction among nurses.*
- ***Ha₃:** Self-motivation, as a dimension of emotional intelligence, influences job satisfaction among nurses.*
- ***Ha₄:** Empathy, as a dimension of emotional intelligence, influences job satisfaction among nurses.*

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Ha*$_5$*: *Social skills, as a dimension of emotional intelligence, influence job satisfaction among nurses.*

Ha*$_6$*: *Critical existential thinking, as a dimension of spiritual intelligence, influences job satisfaction among nurses.*

Ha*$_7$*: *Personal meaning-making, as a dimension of spiritual intelligence, influences job satisfaction among nurses.*

Ha*$_8$*: *Transcendental awareness, as a dimension of spiritual intelligence, influences job satisfaction among nurses.*

Ha*$_9$*: *Expansion of consciousness as a dimension of spiritual intelligence influences job satisfaction among nurses.*

Ha*$_{10}$*: *Emotional intelligence and spiritual intelligence simultaneously influence job satisfaction among nurses.*

3. Research Method

3.1 *Research Design*

This study employed a quantitative approach using an analytical, observational, cross-sectional design. Emotional intelligence and spiritual intelligence, as independent variables, and nurses' job satisfaction, as the dependent variable, were measured during the same period without any intervention. This design was used to analyze the statistical relationship between the dimensions of emotional intelligence, spiritual intelligence, and job satisfaction. Because all variables were measured during a single period, the study results cannot be used to infer temporal sequences or causal relationships. The study was conducted from July to August 2026 in the inpatient ward of the Labuang Baji Regional General Hospital (RSUD) in Makassar, located at Jalan Dr. Ratulangi No. 81, Makassar City, South Sulawesi.

3.2 *Population and Sample*

The hospital population consisted of 166 nurses, while the study's target population was all 88 nurses in the inpatient unit. The sampling technique used was total sampling, involving all members of the target population. This technique was chosen because the target population was small and all members could be reached during the study. Thus, the unit of analysis for the study consisted of 88 nurses in the inpatient unit. Inclusion criteria included nurses who were actively working in the inpatient ward, had at least one year of service, and were willing to participate by signing an informed consent form. Nurses who were on leave, sick, attending educational programs or training, or who did not complete the questionnaire in full were excluded from the analysis. Participation was voluntary, and the information collected was used solely for research purposes and presented without disclosing the respondents' individual identities.

3.3 *Data Collection and Measurement of Variables*

Primary data were collected through a structured questionnaire completed independently by the respondents. In contrast, secondary data—including hospital profiles, organizational structures, and the number of nurses—were obtained from the nursing department or the human resources division of Labuang Baji Regional General Hospital. Each statement used a four-point Likert scale: strongly disagree (1), disagree (2), agree (3), and strongly agree (4). Emotional intelligence was operationalized based on

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Goleman's five dimensions: self-awareness, emotion regulation, self-motivation, empathy, and social skills. The questionnaire for these constructs is a modified instrument developed based on Goleman's framework, using the WLEIS as one of the references in formulating the items. Therefore, the research instrument is not presented as the WLEIS in its original form because Goleman's five-dimensional structure differs from the WLEIS's four-dimensional structure. Spiritual intelligence was measured using the Spiritual Intelligence Self-Report Inventory (SISRI-24), which is based on King's four dimensions: critical existential thinking, personal meaning-making, transcendental awareness, and expanded states of consciousness. Spiritual intelligence was treated as a psychological capacity and distinguished from religiosity and the practice of spiritual nursing care.

Table 1. Variables and Measurements

Variable	Code	Indicator	Source
Emotional intelligence	KE.1	Self-awareness	Goleman; a modified instrument using WLEIS as the item reference
	KE.2	Emotional Management	
	KE.3	Self-motivation	
	KE.4	Empathy	
	KE.5	Social skills	
Spiritual intelligence	KS.1	Critical existential thought	King; SISRI-24
	KS.2	The Construction of Personal Meaning	
	KS.3	Transcendental consciousness	
	KS.4	Expansion of states of consciousness	
Job satisfaction	KK.1	Salary	Luthans; a modified instrument using the MSQ as an item reference
	KK.2	Promotion	
	KK.3	Supervision	
	KK.4	Colleagues	
	KK.5	Pekerjaan itu sendiri	

Job satisfaction was operationalized based on the five aspects proposed by Luthans: salary, promotion, supervision, coworkers, and the work itself. The measurement items were developed using the MSQ as one of the references; however, the instrument is not designated as the MSQ in its original structure because the grouping of indicators follows Luthans' framework. Thus, the job satisfaction instrument in this study is treated as a modified version of Luthans's MSQ. This clarification is necessary to distinguish the conceptual framework's source from that of the measurement items and to avoid the claim that the original instrument structure was used without modification.

Item validity was assessed using corrected item–total correlation with a cutoff of >0.30. Internal reliability was determined using Cronbach's alpha with an acceptance threshold of ≥0.70, replacing the >0.60 threshold, which was deemed too weak for psychological instruments in inferential analysis. Validity and reliability were evaluated separately for each dimension to ensure that item consistency was not assessed solely on the overall construct score.

The score for each dimension was obtained by summing the responses to the relevant items. For descriptive analysis, emotional intelligence and spiritual intelligence were categorized as "good" if they reached ≥76% of the maximum score, "moderate" at 56%–75%, and "low" at ≤55%. Job satisfaction is categorized as high if≥76%, moderate at 56%–75%, and low at ≤55%. Categorization is used only to present a descriptive overview of the respondents. In contrast, continuous scores are used in correlation and regression analyses to ensure that the variation in the measurement results is not reduced.

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3.4 Data Analysis Techniques

The analysis was conducted in stages, beginning with descriptive analysis, followed by instrument quality testing, regression assumption testing, bivariate analysis, and multiple linear regression. Respondent characteristics were presented using frequencies and percentages. The main variables were presented using the number of observations, minimum and maximum values, mean, and standard deviation. The bivariate relationship between each predictor and job satisfaction was examined using correlation coefficients, allowing for the identification of changes in the direction of the coefficients between simple and multiple regression models. Normality was tested for regression residuals using the Shapiro–Wilk test and visually examined via a P–P plot. Heteroscedasticity was tested using the Glejser procedure and examined via a residual scatterplot. Multicollinearity was assessed based on tolerance and the variance inflation factor (VIF). High VIF values were examined carefully because they may indicate predictor overlap and lead to unstable regression coefficients. Influenced observations were evaluated using standardized residuals, leverage, Cook's distance, and Mahalanobis distance.

Multiple linear regression was used to analyze the simultaneous relationship between the five dimensions of emotional intelligence and the four dimensions of spiritual intelligence with job satisfaction. Regression results are reported using unstandardized coefficients, standard errors, standardized betas, t-values, p-values, and 95% confidence intervals. Zero-order correlations and semi-partial correlations are also presented to illustrate the initial relationships and the unique contributions of each predictor. Comparisons of the relative strength among predictors are based on standardized betas and unique contributions, not unstandardized coefficients. Age, education, employment status, tenure, workload, shift patterns, compensation, leadership, burnout, and organizational support were not included as covariates because they were not available in the analysis model. Therefore, the potential for confounding from these characteristics was considered in the interpretation and stated as a limitation of the study. The level of statistical significance was set at 0.05.

4. Results and Discussion

4.1 Analysis Results

4.1.1 Respondent Characteristics

The characteristics of the respondents provide a demographic and professional profile of the nurses included in the study sample. This study involved 88 nurses from the inpatient ward at Labuang Baji Regional General Hospital in Makassar. The characteristics analyzed included gender, age, highest level of education, employment status, and length of service, as presented in Table 2.

Based on Table 2, the majority of respondents were female (75; 85.2%), while 13 were male (14.8%). The largest group of respondents was in the 36–40 age group, with 31 people (35.2%), followed by the 30–35 age group with 28 people (31.8%). Overall, 59 respondents (67.0%) were between 30 and 40 years old. In terms of education, the largest group consisted of Associate Degree (D3) in Nursing graduates, totaling 32 individuals (36.4%), followed by Registered Nurses (Ners), totaling 30 individuals (34.1%), Bachelor's Degree (S1) in Nursing graduates, totaling 17 individuals (19.3%), and Master's Degree (S2) in Nursing graduates, totaling nine individuals (10.2%). The respondents' employment status was relatively evenly distributed: 31 were civil servants (35.2%), 29 were non-civil servants (33.0%), and 28 were PPPK (31.8%). Based on length of service, the largest group had worked for 16–20 years

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(31 respondents, 35.2%), followed by those with 10–15 years of service (30 respondents, 34.1%). Thus, 61 respondents (69.3%) had 10–20 years of service. This distribution indicates that the sample is dominated by female nurses, aged 30–40 years, with relatively long work experience. However, these characteristics provide only a descriptive overview. They cannot be used to infer relationships between age, education, employment status, or length of service and emotional intelligence, spiritual intelligence, or job satisfaction without further statistical testing.

Table 2. Characteristics of Inpatient Nurses at Labuang Baji Regional General Hospital, Makassar

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Man	13	14.8
	Woman	75	85.2
	Total	88	100.0
Age	30–35 years old	28	31.8
	36–40 years old	31	35.2
	41–45 years old	17	19.3
	46–50 years old	7	8.0
	51–55 years old	5	5.7
	Total	88	100.0
Education Level	D3 Nursing	32	36.4
	S1 Nursing	17	19.3
	Ners	30	34.1
	S2 Nursing	9	10.2
	Total	88	100.0
Employment Status	PNS	31	35.2
	Non-PNS	29	33.0
	PPPK	28	31,8
	Total	88	100.0
Length of service	10–15 years	30	34.1
	16–20 years	31	35.2
	21–25 years	16	18.2
	26–30 years	8	9.1
	31–35 years	2	2.3
	36–40 years	1	1.1
	Total	88	100.0

Source: *Primary data, 2026.*

4.1.2 *Test of Classical Assumptions*

Regression assumption tests were conducted to assess the residuals' goodness of fit and the stability of the multiple linear regression model. The tests included checking for normality of the residuals, multicollinearity among predictors, and homoscedasticity of the residuals. The test results are not used as the sole basis for declaring the model fully valid; they are considered alongside sample size, the number of predictors, and other model diagnostics. Classical assumption tests were conducted to verify that the multiple linear regression model used in this study met the basic assumptions, thereby ensuring the validity and reliability of the analysis results. These tests include tests for normality, multicollinearity, and heteroscedasticity. The results of the tests for each classical assumption are presented as follows.

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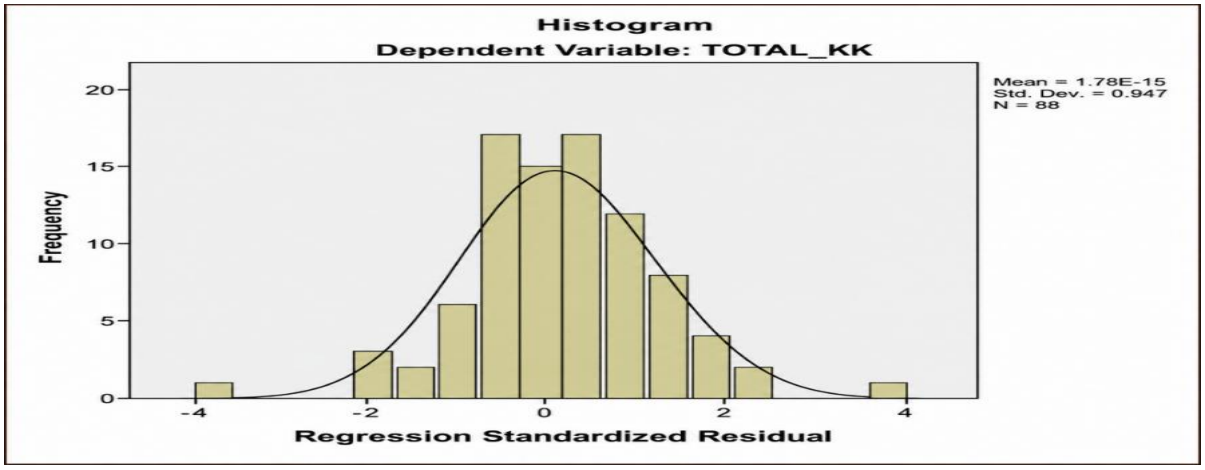
4.1.2.1 Residual Normality

Normality tests were applied to the regression model residuals, not to the distributions of the individual study variables. The normality of the residuals was evaluated visually using histograms and normal P–P plots.

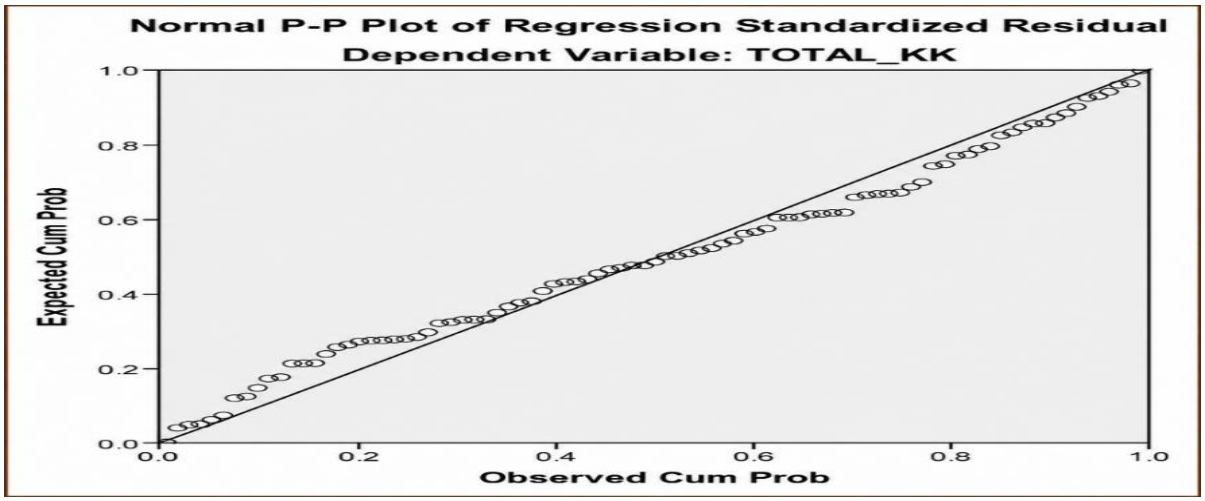
Figure 1. Histogram of standardized residuals for the job satisfaction regression model



Source: *Primary data, 2026*

Based on the residual histogram, the data distribution appears approximately symmetric and bell-shaped, although visual assessment alone is not sufficient to formally establish normality. The histogram does not show any extreme outliers that clearly indicate non-normality of the residuals.

Figure 2. Normal P–P plot of standardized residuals for the job satisfaction regression model



Source: *Primary data, 2026*

Based on the Normal P–P Plot, the residual points are mostly located around and follow the direction of the diagonal line. This pattern provides visual evidence that the residual distribution approximates normality. However, since the numerical results of the Shapiro–Wilk test or other tests of residual normality are not available, the conclusion regarding normality is limited to graphical evidence and does not constitute definitive confirmation of the assumption's validity.

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4.1.2.2 Multicollinearity

A multicollinearity test was conducted to assess the degree of correlation among the independent variables in the regression model. The test was performed by examining the tolerance and variance inflation factor (VIF) values. A low tolerance value and an increasing VIF indicate overlapping information among predictors, which can increase the standard error and make the direction and magnitude of the regression coefficients unstable.

Table 3. Results of the multicollinearity test among predictors in the job satisfaction model

Predictors	Tolerance	VIF	Interpretation
Self-awareness	0.357	2.800	Does not indicate high collinearity
Emotional Management	0.610	1.638	Does not indicate high collinearity
Self-motivation	0.146	6.838	Indicates multicollinearity that warrants attention
Empathy	0.246	4.062	Indicates a fairly high degree of collinearity
Social skills	0.460	2.172	Does not indicate high collinearity
Critical existential thought	0.445	2.246	Does not indicate high collinearity
The Construction of Personal Meaning	0.261	3.834	Indicates a fairly high degree of collinearity
Transcendental consciousness	0.350	2.857	Does not indicate high collinearity
Expansion of states of consciousness	0.250	3.995	Indicates a fairly high degree of collinearity

Source: *Primary data, 2026*

Based on Table 3, the tolerance values range from 0.146 to 0.610, while the VIF values range from 1.638 to 6.838. Self-motivation has the highest VIF (6.838) and a tolerance of 0.146, indicating a fairly strong overlap with other predictors. Empathy, personal meaning-making, and expanded states of consciousness also have VIF values approaching or exceeding 4; therefore, it would be inaccurate to conclude that all predictors are entirely free of multicollinearity. Although all VIF values remain below the conventional threshold of 10, this does not rule out potential model instability, particularly given that the nine predictors were analyzed using 88 observations. Therefore, the coefficients for each predictor must be interpreted in conjunction with bivariate correlations, standard errors, standardized betas, confidence intervals, and semi-partial correlations. Changes in the direction of the coefficients for empathy and critical existential thinking between simple and multiple regression analyses should also be considered as possible symptoms of suppression or overlap among predictors, rather than immediately interpreted as substantive negative relationships.

4.1.2.3 Homoscedasticity of Residuals

A test for heteroscedasticity was conducted to determine whether the residual variances vary with the predicted values. A visual inspection was performed using a scatterplot of the standardized residuals and the standardized predicted values. Based on Figure 3, the data points on the scatterplot appear to be scattered above and below the zero line without forming any clear conical, fanning, or wavy patterns. This pattern does not provide strong visual evidence of heteroscedasticity. However, graphical examination is subjective and insufficient to formally confirm homoscedasticity. Since the numerical results of the Glejser test are not available, the conclusion is limited to the absence of any striking pattern of heteroscedasticity in the scatterplot.

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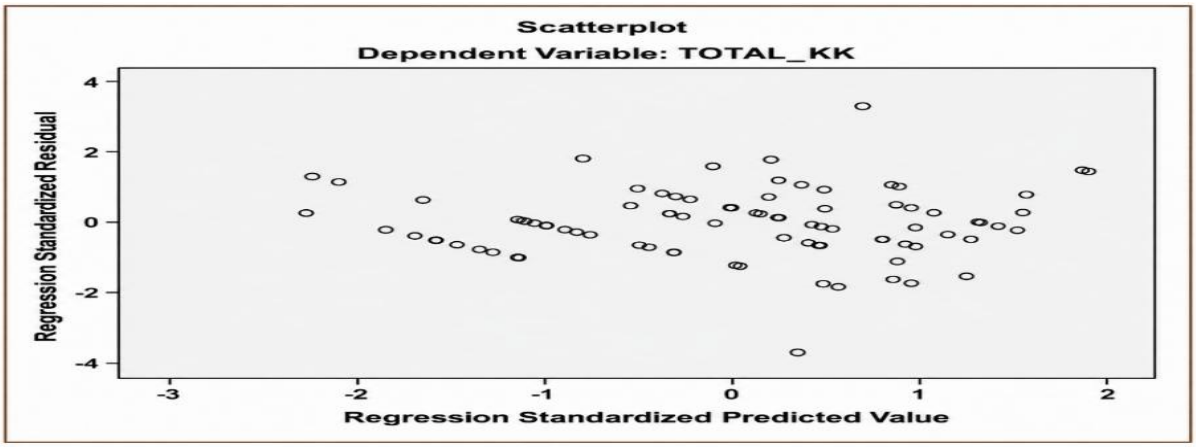
Figure 3. Scatterplot of standardized residuals and predicted job satisfaction scores



Source: *Primary data, 2026*

4.2.3 *Simple Linear Regression Analysis*

Simple linear regression was used to assess the bivariate relationships between each dimension of emotional intelligence and spiritual intelligence, and between each dimension of emotional intelligence and job satisfaction, separately. This analysis reveals the direction and strength of the relationship without controlling for other dimensions or respondent characteristics. Therefore, the results should not be interpreted as evidence of a causal relationship.

Table 4. Results of a simple linear regression analysis of nurses' job satisfaction

Predictor	R	R^2	F	B	SE	95% CI B	t	p	Interpretation
Self-awareness	0.548	0.300	36.875	0.424	0.070	[0.285; 0.563]	6.072	<0.001	Positive, significant
Emotional Management	0.272	0.074	6.857	0.264	0.101	[0.064; 0.464]	2.619	0.010	Positive, significant
Self-motivation	0.624	0.389	54.845	0.335	0.045	[0.245; 0.425]	7.406	<0.001	Positive, significant
Empathy	0.223	0.050	4.487	0.130	0.061	[0.008; 0.252]	2.118	0.037	Positive, significant
Social Skills	0.060	0.004	0.309	0.036	0.065	[−0.093; 0.165]	0.556	0.580	Not significant
Existential thought kritis	0.418	0.175	18.203	0.299	0.070	[0.160; 0.438]	4.267	<0.001	Positive, significant
The Construction of Personal Meaning	0.549	0.301	37.114	0.558	0.092	[0.376; 0.740]	6.092	<0.001	Positive, significant
Transcendental consciousness	0.406	0.165	16.943	0.394	0.096	[0.204; 0.584]	4.116	<0.001	Positive, significant
Expansion of states of consciousness	0.620	0.384	53.618	0.496	0.068	[0.361; 0.631]	7.322	<0.001	Positive, significant

Source: *Primary data, 2026. Dependent variable: nurses' job satisfaction; n = 88; α = 0.05.*

Based on Table 4, eight of the nine dimensions had a positive and significant bivariate relationship with job satisfaction. Regarding emotional intelligence, self-awareness (B = 0.424; 95% CI [0.285; 0.563]; p < 0.001), emotional regulation (B = 0.264; 95% CI [0.064; 0.464]; p = 0.010), self-

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motivation (B = 0.335; 95% CI [0.245; 0.425]; p < 0.001), and empathy (B = 0.130; 95% CI [0.008; 0.252]; p = 0.037) were positively associated with job satisfaction. Social skills did not show a significant relationship (B = 0.036; 95% CI [−0.093; 0.165]; p = 0.580).

All four dimensions of spiritual intelligence also showed positive and significant bivariate relationships with job satisfaction. These relationships were found in critical existential thinking (B = 0.299; p < 0.001), personal meaning-making (B = 0.558; p < 0.001), transcendental awareness (B = 0.394; p < 0.001), and expansion of states of consciousness (B = 0.496; p < 0.001).

Self-motivation has the strongest bivariate relationship among the dimensions of emotional intelligence (R = 0.624; R^2 = 0.389), while the expansion of states of consciousness has the strongest relationship among the dimensions of spiritual intelligence (R = 0.620; R^2 = 0.384). These R^2 values indicate the proportion of variation in job satisfaction associated with each predictor when tested separately, not the independent contribution after controlling for other predictors. Therefore, the results of simple regression were not used as the final basis for testing partial hypotheses.

4.2.4 *Multiple Linear Regression Analysis*

A multiple linear regression analysis was conducted with all nine dimensions included simultaneously. This analysis assessed the overall relationship between all predictors and job satisfaction, as well as the partial relationship of each dimension after controlling for the other eight dimensions. Demographic characteristics and job conditions were not included as covariates; therefore, the potential for confounding remains.

Table 5. Summary of the multiple linear regression model for job satisfaction

R	R^2	Adjusted R^2	Estimation Standards	F (df_1, df_2)	p	Conclusion
0.754	0.568	0.518	1.92055	11.405 (9.78)	<0.001	Statistically significant model

Source: *Primary data, 2026. Dependent variable: nurses' job satisfaction; n = 88.*

Table 5 shows an R value of 0.754, representing the correlation between the observed job satisfaction scores and those predicted by the model. The R^2 value of 0.568 indicates that the nine predictors collectively account for 56.8% of the variation in job satisfaction within the sample. After adjusting for the number of predictors and sample size, this proportion decreased to 51.8% based on the adjusted R^2. The difference between R^2 and adjusted R^2 should be noted, as the model includes 9 predictors across 88 observations.

The results of the simultaneous test yielded F(9, 78) = 11.405, with p < 0.001. These results indicate that the model containing nine predictors provides a better fit than a model without predictors, or that at least one regression coefficient is nonzero. The F-test does not prove that each dimension is individually associated with job satisfaction, nor does it prove a causal relationship. After all dimensions were included simultaneously, four predictors showed a significant partial relationship with job satisfaction. Self-motivation was positively associated (B = 0.432; 95% CI [0.224; 0.640]; p < 0.001), as was transcendental awareness (B = 0.261; 95% CI [0.018; 0.504]; p = 0.035). With other predictors held constant, a one-unit increase in the scores on these two dimensions is associated with a 0.432- and 0.261-unit increase in job satisfaction, respectively. This interpretation reflects a conditional relationship within the model and not a causal effect.

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Table 6. Multiple linear regression coefficients for job satisfaction

Predictors	B	SE	95% CI B	t	p	Zero-order correlation	Partial correlation	Partial interpretation
Constants	13.658	–	–	–	–	–	–	–
Self-awareness	0.075	0.096	[−0.116; 0.266]	0.783	0.436	0.548	0.058	Positive, not significant
Emotional Management	0.061	0.092	[−0.121; 0.243]	0.666	0.507	0.272	0.050	Positive, not significant
Self-motivation	0.432	0.105	[0.224; 0.640]	4.130	<0.001	0.624	0.307	Positive, significant
Empathy	−0.247	0.088	[−0.422; −0.072]	−2.816	0.006	0.223	−0.210	Negative, significant
Social Skills	0.085	0.066	[−0.046; 0.216]	1.291	0.200	0.060	0.096	Positive, not significant
Existential thought kritis	−0.171	0.080	[−0.330; −0.012]	−2.147	0.035	0.418	−0.160	Negative, significant
The Construction of Personal Meaning	−0.087	0.148	[−0.381; 0.207]	−0.589	0.558	0.549	−0.044	Negative, not significant
Transcendental consciousness	0.261	0.122	[0.018; 0.504]	2.141	0.035	0.406	0.159	Positive, significant
Expansion of states of consciousness	0.155	0.119	[−0.083; 0.393]	1.298	0.198	0.620	0.097	Positive, not significant

Source: *Primary data, 2026.*

Empathy (B = −0.247; p = 0.006) and critical existential thinking (B = −0.171; p = 0.035) showed negative coefficients after controlling for the other dimensions. However, their zero-order correlations with job satisfaction were positive, at 0.223 and 0.418, respectively. This reversal in direction, along with VIFs of 4.062 for empathy and 6.838 for self-motivation, suggests potential suppression effects, predictor overlap, or coefficient instability. Therefore, these negative coefficients should not be directly interpreted to mean that empathy or critical existential thinking reduces job satisfaction. Self-awareness (p = 0.436), emotion regulation (p = 0.507), social skills (p = 0.200), personal meaning-making (p = 0.558), and expansion of consciousness (p = 0.198) did not show significant partial relationships after controlling for other predictors. These results indicate that the significant bivariate relationships observed in some dimensions do not represent unique contributions in the multiple model. Relatively speaking, self-motivation had the largest semipartial correlation (sr = 0.307), but the most dominant variable cannot be definitively determined without the standardized beta coefficients from the original output.

Based on the unstandardized coefficients, the regression equation is:

$$Y = 13.658 + 0.075X_1 + 0.061X_2 + 0.432X_3 - 0.247X_4 + 0.085X_5 - 0.171X_6 - 0.087X_7 + 0.261X_8 + 0.155X_9$$

Legend: (KK) = job satisfaction; (KE_1) = self-awareness; (KE_2) = emotional regulation; (KE_3) = self-motivation; (KE_4) = empathy; (KE_5) = social skills; (KS_1) = critical existential thinking; (KS_2) = personal meaning-making; (KS_3) = transcendental awareness; and (KS_4) = expansion of consciousness.

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The constant of 13.658 represents the predicted job satisfaction score when all predictors are set to zero. Since a value of zero may fall outside the actual range of the scale, the constant primarily serves as a mathematical parameter of the model and does not require substantive interpretation. The B-coefficients are not used to determine the most dominant predictor because the score ranges across dimensions may differ.

4.2.5 *Summary of Hypothesis Testing*

Decisions regarding partial hypotheses are based on the multiple regression model, which estimates the relationship of each predictor after controlling for the other eight predictors. The terms "supported" and "not supported" are used in place of "accepted" and "rejected," while the term "relationship" is used in place of "effect" to align with the cross-sectional design. Based on Table 7, five hypotheses received statistical support—namely, H3, H4, H6, H8, and H10—while H1, H2, H5, H7, and H9 did not receive support. Self-motivation and transcendental awareness showed a partial positive relationship with job satisfaction. Empathy and critical existential thinking showed a partial negative relationship; however, the reversal in direction from the positive bivariate correlation requires that these results be interpreted with caution as potential suppression or model instability. The significance of the simultaneous model indicates that all nine predictors are collectively associated with job satisfaction, but this does not mean that all predictors are individually significant. These results also do not prove that emotional intelligence and spiritual intelligence cause changes in job satisfaction. Generalizability is limited by sample size, the number of predictors, potential multicollinearity, the unavailability of standardized betas and diagnostic indicators for influential observations, and the lack of control for demographic characteristics and organizational conditions.

Table 7. Summary of Hypothesis Test Results

Hypothesis	p	Decision	Directions/Information
H1: Self-awareness is partially associated with nurses' job satisfaction.	0,436	Not supported	Positive, not significant
H2: Emotional regulation is partially associated with nurses' job satisfaction.	0,507	Not supported	Positive, not significant
H3: Self-motivation is partially associated with nurses' job satisfaction.	<0,001	Supported	Positive, significant
H4: Empathy is partially associated with nurses' job satisfaction.	0,006	Statistically supported	Negative; direction is unstable
H5: Social skills are partially associated with nurses' job satisfaction.	0,200	Not supported	Positif, tidak signifikan
H6: Critical existential thinking is partially associated with nurses' job satisfaction.	0,035	Statistically supported	Negative; direction is unstable
H7: The construction of personal meaning is partially associated with nurses' job satisfaction.	0,558	Not supported	Negative, not significant
H8: Transcendental consciousness is partially associated with nurses' job satisfaction.	0,035	Supported	Positive, significant
H9: An expansion of one's state of consciousness is partially associated with nurses' job satisfaction.	0,198	Not supported	Positive, not significant
H10: These nine dimensions are collectively associated with nurses' job satisfaction.	<0,001	Supported	Model signifikan, F(9, 78) = 11,405

Source: *Primary data, 2026.*

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4.2 Discussion

4.2.1 *Nurses' Self-Awareness and Job Satisfaction*

The results of the study indicate that self-awareness does not have a significant partial relationship with job satisfaction after other dimensions were included in the model. This finding does not mean that self-awareness is unimportant to the nursing profession; rather, it indicates that the ability to recognize one's own emotional state does not independently contribute to variations in job satisfaction within the research model. According to Goleman (1995), self-awareness helps individuals recognize emotions, their causes, and their connection to thoughts and behaviors. This ability is relevant for nurses when dealing with patients, families, and care situations that require self-control. The absence of a partial relationship can be understood, as job satisfaction is a multidimensional evaluation not solely related to emotional capacity. Luthans (2006) explains that the job itself, salary, promotions, supervision, and work relationships also shape one's assessment of the job. These findings differ from those of Vishnoi and Soni (2024), Soriano-Vázquez *et al.,* (2023), and Pasuro and Haryanti (2024), who found a positive relationship between overall emotional intelligence and job satisfaction. This discrepancy may be related to the level of construct analysis: previous studies examined emotional intelligence in aggregate, whereas this study examined self-awareness alongside eight other predictors. Thus, these results merely indicate that self-awareness does not yet have a unique contribution to the model, not that self-awareness is irrelevant to nursing professionalism.

4.2.2 *Emotional Regulation and Job Satisfaction Among Nurses*

Emotional regulation did not show a significant partial relationship with job satisfaction after controlling for other predictors. These results indicate that the ability to control impulses, maintain composure, and regulate emotional responses has not yet emerged as an independent predictor of job satisfaction in the study sample. Goleman (1995) defines emotional regulation as the ability to control impulses, adapt to change, and maintain rational thinking under stressful situations. This ability remains essential for nurses to provide professional care. The absence of a partial relationship can be explained by the nature of job satisfaction, which encompasses evaluations of job content and external job conditions. Within Luthans' (2006) framework, the ability to manage emotions does not replace the roles of compensation, promotion, supervision, job tasks, and inter-employee relationships. These findings differ from those of Damayanti *et al.,* (2024), who found a relationship between emotional intelligence and job satisfaction. Rezeki *et al.,* (2024) and Wahyuningsih *et al.,* (2023) also demonstrated a link between emotional intelligence and burnout as well as positive work behaviors. However, those studies used different outcome measures and construct definitions; therefore, they cannot be directly compared in terms of the partial relationship between emotional regulation and job satisfaction. The results of this study, therefore, do not prove that emotional regulation is not beneficial, but rather indicate that such benefits have not yet been reflected as a unique contribution to job satisfaction in the tested model.

4.2.3 *Self-Motivation and Job Satisfaction Among Nurses*

Self-motivation shows a positive partial relationship with job satisfaction after controlling for other dimensions. These findings suggest that nurses who maintain enthusiasm, perseverance, and goal orientation tend to evaluate their work more positively. However, because the study used a cross-sectional design, this relationship does not prove that self-motivation causes an increase in job

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satisfaction. According to Goleman (1995), self-motivation is related to the ability to maintain optimism, commitment, and perseverance when facing obstacles. In the context of nursing, internal motivation can help nurses maintain engagement in performing their duties and recognize professional achievements stemming from the care they provide. This interpretation aligns with Luthans (2006), who identifies positive experiences and evaluations of one's work as components of job satisfaction. These findings are also consistent with those of Gayatri and Tabita (2024), who linked emotional intelligence to organizational commitment and performance, as well as Cheraghi *et al.,* (2025) and Utami *et al.,* (2023), who demonstrated the association between emotional intelligence and nursing performance. Although the outcomes of previous studies differ, these findings underscore the importance of intrinsic motivation in shaping positive work attitudes. However, the relatively high VIF value for self-motivation indicates overlap with other predictors. Therefore, the position of self-motivation as the most dominant predictor cannot be determined based solely on the unstandardized coefficient.

4.2.4 *Empathy and Job Satisfaction Among Nurses*

Empathy showed a positive coefficient when analyzed separately, but became negative after other predictors were included in the model. This reversal in direction is an important methodological finding and should not be immediately interpreted to mean that empathy reduces job satisfaction. This pattern is more likely to reflect suppression, dimensional overlap, or coefficient instability in a model containing many predictors with a limited sample size. Goleman (1995) defines empathy as the ability to understand the feelings, needs, and perspectives of others. This ability conceptually supports therapeutic communication and patient-centered care. These findings differ from those of Vishnoi and Soni (2024), who found a positive relationship between overall emotional intelligence and job satisfaction, as well as from those of Laoh *et al.,* (2022) and Utami *et al.,* (2023), who linked emotional intelligence to performance. These differences may arise because previous studies used aggregate emotional intelligence scores, whereas this study estimated the contribution of empathy after controlling for eight other predictors. Explanations regarding emotional exhaustion, empathic burden, or organizational support cannot be confirmed because these variables were not measured. Therefore, these results should be treated as conditional relationships that are sensitive to model specifications and require verification through a larger sample, examination of construct validity, and more in-depth analysis of multicollinearity and suppression.

4.2.5 *Social Skills and Job Satisfaction Among Nurses*

Social skills do not show a significant partial relationship with job satisfaction. This means that, after other dimensions are taken into account, the ability to communicate, collaborate, and build interpersonal relationships does not contribute independently to variations in job satisfaction. These findings do not diminish the importance of social skills in coordinating nursing care. According to Goleman (1995), social skills encompass the ability to communicate, collaborate, resolve conflicts, and build positive interpersonal relationships. These results are understandable because relationships with coworkers are only one aspect of job evaluation within Luthans' (2006) framework. Job satisfaction is also related to the job itself, compensation, promotions, and supervision. These research findings differ from those of Wahyuningsih *et al.,* (2023), who found a correlation between emotional intelligence and Organizational Citizenship Behavior; Pasuro and Haryanti (2024), who linked it to satisfaction and service quality; and Laoh *et al.,* (2022), who associated it with nurse performance. These differences may stem

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from the use of different overall constructs or outcomes of emotional intelligence. Therefore, the study's results only indicate that social skills are not yet a unique predictor of job satisfaction in this model, while their role in teamwork, coordination, or the quality of professional interactions was not directly tested.

4.2.6 *Critical Existential Thought and Nurses' Job Satisfaction*

Critical existential thinking is positively associated with job satisfaction when tested separately, but its coefficient becomes negative in the multiple model. This change in direction does not provide sufficient grounds to conclude that existential reflection reduces job satisfaction. Rather, this pattern suggests the possibility of suppression, multicollinearity, or estimation instability after other dimensions of emotional and spiritual intelligence were included simultaneously. According to King (2008), critical existential thinking is the ability to reflect on life's problems, purpose, death, reality, and one's own existence. These findings differ from those of Bai *et al.,* (2024), who found a positive relationship between overall spiritual intelligence and job satisfaction. This discrepancy may be related to the use of an aggregate construct in the previous study, whereas the present study examined critical existential thinking as a distinct dimension. Marjuni *et al.,* (2023) demonstrated a link between religiosity and performance through the meaningfulness of work. However, religiosity differs from critical existential thinking: religiosity pertains to religious beliefs and practices, whereas critical existential thinking is a psychological capacity to reflect on questions of existence and meaning. The explanation regarding value conflicts or organizational conditions cannot be confirmed because they were not measured. Thus, the negative direction in the multiple-model analysis should be viewed as an inconclusive result and requires retesting.

4.2.7 *Nurses' Personal Meaning-Making and Job Satisfaction*

The production of personal meaning did not show a significant partial association with job satisfaction after controlling for other predictors. These results indicate that the ability to construct purpose and meaning from life experiences has not made a unique contribution to job evaluation in the study sample. King (2008) defines the production of personal meaning as the ability to construct purpose and meaning based on life experiences. In the context of the nursing profession, this ability can help individuals understand the personal value of their work, but that relationship is not automatically reflected in job satisfaction. This finding aligns with Imamah *et al.,* (2024), who showed that spiritual intelligence is not always associated with caring behavior, but differs from Umah *et al.,* (2025), who found a relationship between spiritually-based nursing care and job satisfaction. Spiritual nursing care is a professional practice aimed at meeting patients' spiritual needs; thus, it differs from the generation of personal meaning, which is an internal psychological capacity. Muchlis and Rusydi (2023) emphasize the relationship between organizational image and prestige and work attitudes, while Sharifnia *et al.,* (2022) link spiritual intelligence to professional practice. These differences in constructs and outcomes explain why previous findings cannot be used as direct evidence for the production of personal meaning. The results of this study merely indicate that this dimension has not yet become an independent predictor of job satisfaction in the model used.

4.2.8 *Transcendental Consciousness and Nurses' Job Satisfaction*

Transcendental consciousness shows a partially positive relationship with job satisfaction. These findings suggest that the ability to recognize the interconnectedness between oneself, others, the environment,

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and non-material dimensions is associated with a more positive evaluation of one's job. This relationship must still be understood as a statistical association and not as evidence that transcendental consciousness causes job satisfaction. According to King (2008), transcendental consciousness is the ability to recognize transcendent aspects within oneself, others, and the physical world during states of normal consciousness. These findings are consistent with those of Bai *et al.,* (2024), who demonstrated a positive relationship between spiritual intelligence and job satisfaction, and with Sharifnia *et al.,* (2022), who linked spiritual intelligence to adaptation, competence, and the quality of nursing practice. Umah *et al.,* (2025) also found a relationship between spiritually-based nursing care and job satisfaction. However, spiritual care differs from transcendental consciousness because spiritual care is a professional practice, whereas transcendental consciousness is a psychological capacity. The findings of Muchlis and Rusydi (2023) regarding religiosity also cannot be directly equated with transcendental consciousness. Religiosity refers to religious beliefs and practices, whereas transcendental consciousness is not limited to religious affiliation or behavior. With this distinction in mind, the research results support the association between the transcendental dimension and job satisfaction without conflating it with religiosity or spiritual nursing care.

4.2.9 *Expanding Nurses' State of Consciousness and Job Satisfaction*

The expansion of states of consciousness did not show a significant partial relationship with job satisfaction after controlling for other dimensions. These findings suggest that the ability to enter or control higher states of consciousness does not yet make an independent contribution to the variation in job satisfaction within the research model. According to King (2008), the expansion of states of consciousness is related to the ability to enter higher states of consciousness through deep reflection and attention. This construct is not limited to prayer, meditation, or mindfulness, as these practices represent only a few of the contexts associated with it. The results of this study differ from those of Bai *et al.,* (2024), who found a positive relationship between overall spiritual intelligence and job satisfaction. This discrepancy may stem from the use of an aggregate spiritual intelligence score, whereas this study examines the expansion of states of consciousness as a distinct dimension alongside other predictors. Sharifnia *et al.,* (2022) linked spiritual intelligence to professional practice but did not demonstrate a specific relationship between its individual dimensions and job satisfaction. Muchlis, Semmaila, *et al.,* (2022) demonstrated a relationship between hospital prestige and nurses' work attitudes; however, this organizational factor was not measured in this study's model. Therefore, this factor can only be considered in the context of previous research, not as an empirical explanation for the results obtained.

4.2.10 *The Collective Relationship Between Emotional and Spiritual Intelligence and Job Satisfaction*

A model that incorporates all dimensions of emotional intelligence and spiritual intelligence is collectively associated with nurses' job satisfaction. The results indicate that the combination of emotional regulation capacity, internal motivation, reflection on meaning, and transcendental awareness is statistically significant for job evaluation. However, the overall significance of the model does not imply that all dimensions are individually related or that both constructs cause changes in job satisfaction. According to Goleman (1995), emotional intelligence helps individuals recognize and manage emotional experiences and navigate social interactions. King (2008) defines spiritual intelligence as the capacity to reflect on existential issues, construct personal meaning, recognize transcendental dimensions, and expand states of consciousness. These findings are consistent with

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those of Sari *et al.,* (2025), who found a relationship between emotional and spiritual intelligence and job satisfaction, as well as Gayatri and Tabita (2024), who linked these two capacities to organizational commitment and performance. Muchlis, Amir, *et al.,* (2022) demonstrated that cooperative behavior is associated with nurses' desire to remain in the profession, while Gulo *et al.,* (2022) linked emotional and spiritual intelligence to the quality of work life. Haflah *et al.,* (2022) also found a relationship with caring behavior. Although this supports the relevance of both internal capacities in nurses' work experiences, differences in outcomes limit direct comparisons with job satisfaction. Interpretation of the model must account for the limited sample size, the relatively large number of predictors, elevated VIFs in some dimensions, and the reversal of the coefficients for empathy and critical existential thinking. Age, education, employment status, length of service, workload, shift patterns, compensation, leadership, burnout, and organizational support were also not controlled for in the model. Therefore, the study's findings indicate statistical associations within the sample and cannot yet be generalized as causal relationships. The practical implication is that the development of emotional and spiritual capacity should be integrated into broader professional development efforts, rather than serving as a substitute for improvements in hospital working conditions and systems.

5. Concluding Remarks and Recommendation

This study was motivated by the importance of emotional and spiritual capacity in understanding the job satisfaction of nurses who face service demands and intensive patient interactions. The study aimed to analyze the partial and collective relationships between the dimensions of emotional intelligence and spiritual intelligence and nurses' job satisfaction. The study employed a quantitative approach using an analytical cross-sectional observational design, involving 88 nurses from the inpatient units at Labuang Baji Regional General Hospital in Makassar. The results indicate that self-motivation and transcendental awareness are positively associated with job satisfaction after controlling for other dimensions. Empathy and critical existential thinking showed negative relationships in the multiple model; however, this direction contradicts the positive relationships observed in the simple analysis, suggesting it is more appropriately interpreted as a potential case of suppression, multicollinearity, or model instability rather than a definitive negative relationship. Self-awareness, emotion regulation, social skills, personal meaning-making, and expanded states of consciousness did not show significant partial relationships. Collectively, all dimensions are associated with job satisfaction, but these results do not prove a causal relationship.

Theoretically, this study suggests that the dimensions of emotional intelligence and spiritual intelligence do not exhibit a uniform pattern of association with job satisfaction when analyzed simultaneously. The novelty of this study lies in the integrated testing of the nine dimensions of these two internal capacities, with job satisfaction as the primary outcome and no mediating variables. Practically, hospitals may consider strengthening self-motivation, professional reflection, and the meaningfulness of work as part of human resource development programs. However, the development of individual capacities should not replace improvements in working conditions, supervision, reward systems, career development opportunities, and support for nurses' well-being. At the hospital policy level, emotional and spiritual development programs need to be designed as part of structured professional competency development and distinguished from religiosity and spiritual nursing care provided to patients.

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This study has limitations, including a cross-sectional design that cannot establish temporal sequence or causality, reliance on a single hospital, which limits generalizability, and a relatively small sample size for a model with nine predictors. Several elevated VIF values and reversed coefficient directions indicate potential dimensional overlap and estimation instability. Furthermore, age, education, employment status, length of service, workload, shift patterns, compensation, leadership, burnout, and organizational support were not controlled for as confounding factors. The use of a modified instrument also requires stronger construct validation through systematic translation, expert validation, pilot testing, and factor analysis. Future research is advised to use a larger sample and involve multiple hospitals, employ a longitudinal design, use instruments aligned with the theoretical framework, and include individual and organizational characteristics as covariates. Further analysis should also examine measurement invariance, suppression, multicollinearity, and coefficient stability before concluding the relationship between each dimension and job satisfaction.

Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

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