Analysis of Spirituality and Psychological Capital in Improving Employee Performance

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Abstract. *The increasing incidence of employee tardiness at RSIGM Sultan Agung in 2024 has raised concerns regarding service continuity, patient satisfaction, and the hospital's reputation. This study aims to examine the contribution of spirituality and psychological capital in enhancing employee performance. This research employed a case study design with a qualitative approach. Participants included representatives from medical, healthcare, and non-healthcare staff. Data were collected through in-depth interviews, participatory observations, and document analysis. Gap analysis was applied to identify performance determinants and formulate value-based improvement strategies. The findings revealed that employee tardiness had a significant impact on performance, particularly in service effectiveness and patient satisfaction. Key determinants include time discipline, cross-unit coordination, and preparedness in handling patient complaints. An integrated approach that combines management system optimization, spiritual value reinforcement, and psychological capital development is recommended as a sustainable strategy to improve employee performance and maintain the hospital's positive reputation.*

Keywords: *Hospital Management; Psychological Capital; Performance; Spirituality; Work Discipline.*

1. Introduction

Health is crucial for Indonesians. A healthy society will build quality human resources. Hospitals are one of the healthcare facilities needed by the Indonesian people. Hospitals consist of general hospitals and specialty hospitals. One specialty hospital currently growing in Indonesia is the Dental and Oral Hospital (RSGM). As a specialty hospital, RSGM must still meet hospital requirements. This is a crucial concern for management, ensuring that each RSGM carries out its service activities effectively. Indicators of good hospital service can be seen from patient satisfaction (Antung et al., 2023). Patient satisfaction is a benchmark for

determining the quality of a hospital. One aspect of patient satisfaction is the performance of human resources/employees.

The success criteria of employee performance can be assessed through performance appraisals. Performance appraisals are necessary because they are related to an organization's performance. If employee performance declines, it will impact organizational performance (Arijanto, 2018). Employee performance evaluation can be seen from the aspects of quality, quantity, timeliness, effectiveness, and independence. Employee performance is the result of a person's work or individual's work on a particular job as a form of contribution to the organization or company within a certain period (Rahmayani & Wikaningrum, 2022). Employee performance, according to Silalahi (in Nurhuda et al., 2019), is the level of individual work achievement after effort or hard work or the result of an activity. Elements of performance assessment include task performance, contextual performance, and counterproductive work behavior (Koopmans et al., 2013). The results of a literature review by Hasnah & Asyari (2022) state that factors influencing hospital employee performance include compensation, motivation, and job satisfaction. Furthermore, research by Ayuningtyas et al. (2022) states that performance is influenced by psychological capital. This is in line with the research results of Fransiska et al., (2024) that psychological capital has a positive relationship with employee performance.

Psychological capital is a construct that describes a person's positive psychological potential and capacity (Luthans et al., 2005). This positive psychological capacity is characterized by a sense of self-confidence to make the effort necessary to achieve success, make positive attributions about success, persist towards goals and be able to maintain, bounce back, and even surpass (resilience) to complete them. Psychological capital is composed of several dimensions: self-efficacy, which is a person's belief or confidence in their ability to direct motivation and actions to achieve success (Lusiyani & Helmy, 2020). Optimism, which is an attitude of viewing an event with positive thinking for events that have not yet occurred or have occurred. The next dimension is hope, which is a state of positive motivation based on the interaction between the strength of the desire to achieve goals and planning for success. The final dimension is resilience, which is the ability to bounce back from difficulties, conflicts, and failures. Research (Sarkar et al., 2022) shows that psychological capital, in the form of self-efficacy, optimism, hope, and resilience, can be fostered through workplace spirituality. This aligns with research (Paul & Jena, 2022), which found that workplace spirituality has a positive and significant impact on psychological capital.

Workplace spirituality is defined as the recognition that employees have an inner life that enables them to maintain and sustain meaningful work within the organization (Ashmos & Duchon, 2000). According to Pandey et al., (2009), workplace spirituality is a means for individuals to integrate their work and spirituality, which will provide them with a sense of purpose, connectedness, and wholeness in the workplace. Ashmos & Duchon (2000) state that workplace spirituality means seeing the workplace as a place inhabited by people with minds and enthusiasm. Workplace spirituality also includes efforts to align one's beliefs with the values of their organization. Workplace spirituality is a type of psychological climate in

which people (workers) see themselves as having an inner life that is nourished by meaningful work and placed in the context of a community. Work units that have a high level of spirituality are said to experience a climate, and it can be expected that the work unit will experience higher performance.

Pratidina et al.'s (2023) research found that workplace spirituality has a positive and significant impact on employee performance. This means that improved workplace spirituality will improve employee engagement. This study's findings align with Ariyani & Dirdjo's (2022) literature review, which found that workplace spirituality is related to employee performance.

The research will be conducted at the Sultan Agung General Hospital (RSIGM). Each year-end, the hospital establishes unit quality indicators. These indicators are selected based on high-risk, high-volume, and problem-prone criteria. In the Human Resources (HR) unit, one of the quality indicators selected for 2024 is staff punctuality. This unit quality was chosen because many staff/employees were found to be late. This impacts hospital performance, as its primary business is providing services to patients.

Table Data on the Number of Late Employees in 2024

Data on the Number of Late Employees in 2024

Month	Number of Late Employees
January	7
February	8
March	18
April	6
May	9
June	13
July	6
August	7
September	9
October	7
November	11
December	10

The data above shows the number of employees who were late during 2024. The definition of lateness used in the unit quality indicator at RSIGM Sultan Agung is an employee who is present more than the tolerance time of 15 minutes late, with a quality standard of 90%. The data shows that every month there are employees who are late, with the number of lateness varying from month to month. Theselate staff attendance also results in complaints from patients. Patients complain of long waits because staff are not yet present and therefore not ready to provide services. These patient complaints certainly impact the hospital's image. Delays committed by employees in certain units apparently impact other units, such as waiting, not being ready to provide services because the workforce comes from that unit, resulting in an uncomfortable atmosphere between units. This illustrates the need to maximize employee performance at RSIGM Sultan Agung. Therefore, this study will

raise the topic of analyzing spirituality and psychological capital in improving employee performance.

2. Research Methods

The types and sources of data used include primary and secondary data. Primary data is data collected directly by researchers from the original source. In qualitative research, primary data often consists of information obtained from individuals or groups with experience or knowledge relevant to the research topic. The primary data used in this study were interview scripts and discussion results. Secondary data, on the other hand, is pre-existing data collected by others, not directly by the researcher. Secondary data can include documents, archives, books, articles, photographs, videos, or other materials relevant to the research topic.

3. Results and Discussion

The study was conducted in July 2025. Data collection methods used interviews and documents. Interviewees were representatives of medical personnel (doctors), health workers (nurses, pharmacists, dental therapists), and non-health workers. The selection of informants used a purposive technique based on certain considerations. These considerations included representation from a specific department or unit and related experience.

Table Description of the Source

No	Source Code	Title/Position
1.	N1	General Dentist Secretary of the Coordinating Committee
2.	N2	General Dentist Education and Research Staff, Hospital Health Promotion Staff
3.	N3	Oral Dental Therapist at Dental Specialist Center
4.	N4	Nurse in Inpatient Installation
5.	N5	Medical Records Staff
6.	N6	Pharmacist
7.	N7	Public relations and marketing staff

Based on interviews conducted with 7 sources, the results can be seen in the following table:

Table Interview Results of Spirituality Variables

Spiritual Aspects	Sub-Aspects / Details	Example of a Resource Person's Description	Source person
Meaningful Work	Work as worship	*"Work is worship... so as much as possible, work without delaying worship"*	N1, N3, N4, N6, N7

	Helping others (patients, students, community)	*"Helping students who have lost motivation… helping people in need"*	N1, N4
	Contribution of knowledge & skills	*"Sharing the knowledge you have… work according to your competencies"*	N1, N2, N4
Sense of Community	Support between colleagues	*"Effective communication in the unit… mutual support between teams"*	N1, N2, N4
	Joint activities that foster togetherness	*"Prayer in congregation, dhuha together, regular recitation"*	N1, N3, N4, N7
	Good relationship between employees & management	*"Coordination with superiors is going well… values of honesty & trustworthiness"*	N2, N4, N6
Inner Life	Personal worship activities	*"Dhuha prayer, tahajud, reading the Koran, dhikr"*	N1, N3, N4
	Piety & discipline	*"Working while waiting for prayer time… praying on time trains discipline"*	N3
	Sharia & moral principles	*"Sharia orientation… working according to Islamic values"*	N1, N4

Based on the interview results, the spirituality of RSGM Sultan Agung employees encompasses three main dimensions: meaningful work, a sense of community, and inner life. The meaningful work dimension was evident in the statements of almost all interviewees. Work is viewed not only as a means of earning income, but also as a form of worship and devotion. N1 stated, "Work is worship... so as much as possible when working we do not delay worship." Similar statements were also made by N3 and N7, who emphasized the purpose of work to benefit others, both patients and the community, as well as fulfilling obligations to family. This aligns with the concept of meaningful work, which fosters intrinsic motivation and engagement with work.

The sense of community dimension is reflected in strong social relationships in the workplace. N1 highlighted effective communication within the work unit, which helps motivate students. N2 emphasized that values such as honesty and trustworthiness influence the quality of coordination. N3 and N4 cited shared activities such as congregational prayer, religious studies, and other religious activities as a means of strengthening togetherness. This social support creates mutual trust, which impacts the smooth running of the team.

The inner life dimension is strengthened by various spiritual programs offered by the hospital, such as the Dhuha prayer, the Dhuha assembly, the Tahajud prayer, and regular religious studies. N3 stated, "Working while waiting for prayer times...praying on time teaches discipline." These spiritual activities help foster inner peace, self-control, and discipline, which contribute to consistent performance.

As for the interview results regarding psychological capital as follows:

Table Interview Results of Psychological Capital Variables

Psychological Capital Aspects	Sub-Aspects / Details	Example of a Resource Person's Description	Source person
Self-confident	Confidence in routine tasks	*"I can confidently complete 80% of my unit's tasks."*	N1, N3, N4, N7
	Decreased confidence in new tasks	*"If you have never handled a new task before, you will be less than 50% confident"*	N1, N5
	Confidence increases with experience	*"From zero to six years… experience boosts confidence"*	N4, N6
Resilience	Coping with internal stress	*"If you're not in a good mood, take a break and then finish it."*	N1
	Overcoming external challenges	*"Discuss with your boss or team when there is a problem"*	N2, N5
	Coping strategies	*"Analyze the problem, learn from it, improve yourself"*	N3, N4, N7
Hope	Career development	*"Want to continue studying, want to learn new things"*	N4, N5
	Focus on current work	*"Don't have any ambitions for position, just be content with your current position"*	N1, N3
Optimism	Competency-based optimism	*"Optimistic if the work matches your competencies"*	N1, N2, N7

| Optimism from spirituality | *"Optimistic because God is with us"* | N3 |
| Optimism from successful experiences | *"Repeating previous successes increases optimism"* | N5, N6 |

Employee psychological capital encompasses four main aspects: self-efficacy, resilience, hope, and optimism. Regarding self-confidence, the majority of respondents demonstrated a relatively high level of confidence in routine tasks. N1 reported having 80% confidence in tasks that matched their competencies, but this decreased in new tasks they had never handled before. This is in line with N5's statement, which mentioned a decrease in self-confidence when facing new challenges. N4 and N6 attributed increased self-confidence to years of work experience.

In terms of resilience, coping strategies varied. N1 chose to calm down when moody (emotion-focused coping), while N2 and N5 relied on discussions with superiors or coworkers. N3 and N4 emphasized problem analysis and self-improvement as coping strategies. These approaches demonstrated adaptability in managing work stress.

The hope aspect is evident in the differing future orientations among the interviewees. N4 and N5 expressed hopes of continuing their education and advancing their careers. N6 envisioned developing a pharmaceutical unit to produce its own products. Meanwhile, N1 and N3 focused more on the quality of their current work without ambitions for higher positions.

Optimism can be understood from various perspectives. N1 and N2 emphasize optimism born from confidence in one's own competence. N3 links optimism to the spiritual value of God's presence. N5 maintains optimism by remembering previous successes, while N6 is optimistic about the development of pharmaceutical installations.

Overall interview results indicate that spirituality and psychological capital significantly contribute to employee performance. Meaningful work provides intrinsic motivation that keeps employees consistent despite limited material incentives. A sense of community and inner life creates a harmonious work environment, effective communication, and a sense of togetherness that positively impacts team collaboration.

Psychological capital serves as a support when facing work pressures. Self-efficacy, or self-confidence, enables employees to take initiative and take responsibility for their work. Resilience helps employees recover from obstacles. Hope provides direction for career development, while optimism maintains work morale amidst challenges. The combination of strong spirituality and healthy psychological capital results in stable and productive performance.

Hospital support in the form of spiritual and psychological development programs is a crucial factor in maintaining quality performance. Facilitating religious activities, regular study sessions, self-development training, and psychological counseling are recommended

as ongoing strategies to maintain employee motivation, mental well-being, and work performance.

Gap Analysis

The following is a gap analysis that compares the ideal theory with findings in the field that include the spirituality variable.

Table Spirituality Gap Analysis

Spiritual Aspects	Theory (Ideal)	Field Findings	Gap Analysis
Meaningful Work	Milliman et al. (2003): Meaningful work increases engagement & performance.	Work is considered an act of worship and a means of helping others. However, cases of lateness indicate inconsistent discipline, despite the recognition of the importance of work.	The value of the meaning of work is strong, but has not been translated into adequate time discipline.
Sense of Community	Fry et al. (2005): Togetherness supports effective coordination.	Relations within the unit are good, but cross-unit coordination is lacking, hampering service and resulting in delays in patient care.	There is strong togetherness in each unit, but cross-unit coordination is not optimal, so this can trigger delays in the service process.
Inner Life	Ashmos & Duchon (2000): Inner life maintains calm & work discipline.	There are spiritual programs (dhuha, studies), but late attendance indicates that discipline values are not optimal.	Spirituality has not yet fully internalized the discipline of time.

Based on the theory of Milliman et al. (2003), meaningful work, perceived as meaningful, will increase engagement and performance. Field findings indicate that the majority of employees view their work as an act of worship, a means of helping patients, and providing benefits to society. However, the high rate of employee tardiness in 2024 indicates a mismatch between the understanding of the meaning of work and its implementation in terms of time discipline. Thus, there is a gap between the ideal meaning of work and its implementation. Strengthening the value of discipline as part of worship can be a solution, for example by linking punctual attendance with work obligations and patient service.

According to Fry et al. (2005), a strong sense of community will create effective coordination. Findings indicate that relationships within work units are good, but cross-unit coordination is suboptimal. This situation results in delays in service processes and potential patient complaints. This gap indicates that a sense of community is strong at the unit level, but not yet pervasive throughout the organization. Cross-unit activities such as joint team building and time coordination training can strengthen organizational integration.

Ashmos & Duchon's (2000) theory states that inner life helps maintain serenity and work discipline. Hospitals already facilitate spiritual activities such as Dhuha prayer, religious studies, and Tahajud prayer, but tardiness rates indicate that discipline has not been fully

internalized. This gap indicates the need to strengthen study materials that emphasize work ethic, trustworthiness, and time discipline as spiritual values.

Table Psychological Capital Gap Analysis

Psychological Capital Aspects	Theory (Ideal)	Field Findings	Gap Analysis
Self-Efficacy	Luthans et al. (2007): Self-confidence influences initiative & performance.	High self-confidence in routine tasks; delays lead to less responsive responses to patient complaints.	Good technical confidence, but needs improvement in time management & quick turnaround initiatives.
Resilience	Luthans (2002): Resilience maintains performance under pressure.	The challenges of delays and patient complaints have not been addressed systematically; resolution depends on individual mood and improvisation.	Resilience exists but is not yet structured to deal with the pressure of complaints and delays.
Hope	Snyder (2002): Expectations guide long-term efforts.	Some have career plans, others are stagnant; repeated delays indicate a lack of focus on collective performance improvement.	Individual hopes exist, but collective hopes (a shared goal of reducing delays) have not yet been built.
Optimism	Carver & Scheier (2002): Optimism encourages positive problem solving.	Optimism is there, but patient complaints lower morale & confidence in the team.	Optimism decreases due to external pressures (patient complaints & image issues).

According to Luthans et al. (2007), self-efficacy influences initiative and performance. Findings indicate that employees have high confidence in routine tasks, but delays result in less than optimal responses to patient complaints. This gap underscores the need to strengthen self-confidence in the context of time management and customer handling to improve rapid and effective responses.

Regarding resilience, Luthans (2002) explains that resilience helps maintain performance under pressure. In the field, the challenges of delays and patient complaints have not been addressed systematically. Handling still relies on individual improvisation or mood. This gap highlights the need for crisis management training and standard operating procedures (SOPs) for handling patient complaints to maintain the hospital's image.

According to Snyder (2002), the hope aspect relates to goals and achievement pathways. Findings indicate that some employees have personal hopes (e.g., continuing their studies or developing their unit), but no collective goal to reduce delays. This gap indicates the need to establish measurable collective goals, such as reducing delays to improve patient care.

According to Carver & Scheier (2002), optimism can foster problem-solving. In the field, employee optimism is maintained through competence and spiritual support, but patient complaints and hospital image issues lower team morale. This gap requires intervention through positive reinforcement, team appreciation, and publicizing service improvement achievements as a strategy to maintain optimism.

Table Performance Gap Analysis

Performance Aspects	Theory (Ideal)	Field Findings	Gap Analysis
Employee performance	Robbins & Judge (2019): Performance is influenced by competence, motivation, discipline, coordination, organizational support.	Technical performance is good, but employee delays impact service times, patient complaints, and risk the hospital's image.	Performance is impacted by discipline and cross-unit coordination; there has been no systematic intervention.

Robbins & Judge (2019) emphasized that performance is influenced by competence, motivation, discipline, coordination, and organizational support. Findings indicate that despite good technical competence, employee delays impact service times, the emergence of patient complaints, and concerns about the hospital's image. This gap emphasizes the need for a systematic delay control strategy, including the implementation of rewards and punishments, SOPs for timely service, and improved cross-unit coordination. Thus, the gap between ideal and actual conditions in the aspects of spirituality, psychological capital, and performance centers on issues of time discipline, cross-unit coordination, and readiness to deal with patient complaints. Resolving this gap requires an integrated approach involving fostering spiritual values, strengthening psychological capital, and developing a disciplined and collaborative performance management system.
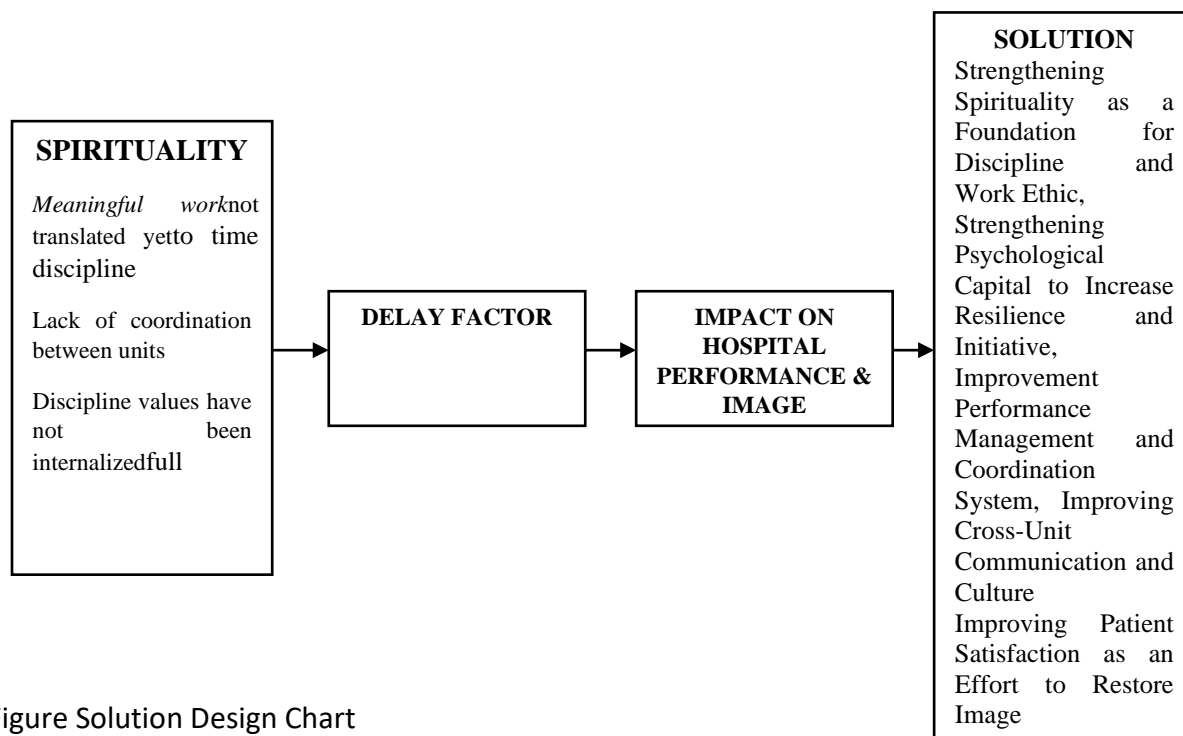

Figure Solution Design Chart

By considering the variables of spirituality, psychological capital, and performance, the solution design is prepared in the form of an integrated approach involving value development, strengthening psychological capacity, and improving the management system, namely:

1. Strengthening Spirituality as a Foundation for Discipline and Work Ethic

Existing spiritual practices in hospitals, such as congregational prayer, regular religious studies, and the orientation of work as worship, need to be optimized to strengthen the value of discipline. Punctuality should be positioned as part of the work mandate and a form of service to patients. Thematic studies on Islamic work ethic, time management, and moral responsibility can be incorporated into routine spiritual development programs. Integrating spiritual values with disciplinary standards will help create internal awareness that tardiness is not merely an administrative violation but also impacts the service mandate.

2. Strengthening Psychological Capital to Increase Resilience and Initiative

Employees' psychological capital, including self-confidence, resilience, hope, and optimism, needs to be strengthened to support performance in stressful situations. Time and stress management training can help employees better prioritize, reduce delays, and respond more calmly to patient complaints. Coaching and mentoring programs can also help increase self-efficacy in handling non-routine tasks. Meanwhile, setting collective goals, such as reducing delays and increasing patient satisfaction, can increase collective hope and optimism.

3. Improvement of Performance Management and Coordination System

In addition to personal approaches through spirituality and psychological capital, hospitals need to improve systemic aspects. Implementing a reward and punishment system based on time discipline can help reduce tardiness. Employees who consistently arrive on time can be rewarded, while repeated tardiness can be sanctioned according to regulations. Furthermore, service standard operating procedures (SOPs) governing cross-unit coordination must be strengthened to reduce potential delays in patient care.

4. Improving Cross-Unit Communication and Culture

Service delays are often caused by coordination barriers between units. Therefore, hospitals need to improve cross-unit communication through regular coordination meetings, cross-unit team building, and collaborative training. An inclusive and synergistic work culture will help expedite the flow of information and minimize service delays.

5. Improving Patient Satisfaction as an Effort to Restore Image

To address the impact of patient complaints and maintain the hospital's image, it is necessary to improve the quality of interactions with patients. Training in customer service and empathetic communication will help staff respond to patient complaints more professionally. Furthermore, publicizing service improvement achievements (such as reduced delays or improved patient response times) can help restore public trust in the hospital.

This solution design is expected to significantly reduce delays, improve employee performance, and enhance patient satisfaction. The integration of spirituality, psychological capital, and improved management systems will help hospitals maintain a positive image and enhance their service competitiveness.

4. Conclusion

Overall interview results indicate that spirituality and psychological capital significantly contribute to employee performance. Meaningful work provides intrinsic motivation that keeps employees consistent despite limited material incentives. A sense of community and inner life creates a harmonious work environment, effective communication, and a sense of togetherness that positively impacts team collaboration. Psychological capital serves as a support when facing work pressures. Self-efficacy, or self-confidence, enables employees to take initiative and take responsibility for their work. Resilience helps employees recover from obstacles. Hope provides direction for career development, while optimism maintains work morale amidst challenges. The combination of strong spirituality and healthy psychological capital results in stable and productive performance. Based on the theory of Milliman et al. (2003), meaningful work, perceived as meaningful, will increase engagement and performance. Field findings indicate that the majority of employees view their work as an act of worship, a means of helping patients, and providing benefits to society. However, the high rate of employee tardiness in 2024 indicates a mismatch between the understanding of the meaning of work and its implementation in terms of time discipline. Thus, there is a gap between the ideal meaning of work and its implementation. Strengthening the value of discipline as part of worship can be a solution, for example by linking punctual attendance with work obligations and patient service.

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