The Moderating Role of Emotional Intelligence in the Influence of Work Culture on the Commitment and Performance of Health Workers (Study at Amanah Sumpyuh Hospital, Banyumas)

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A R T I C L E   I N F O

A B S T R A C T

This study aims to examine the moderating role of emotional intelligence in the relationship between work culture, commitment, and performance of healthcare workers at Muhammadiyah Amanah Sumpyuh Hospital, Banyumas. This study used a quantitative approach and involved 75 healthcare workers. Data were collected through a standardized questionnaire and analyzed using Structural Equation Modeling-Partial Least Squares (SEM-PLS). The results showed that work culture significantly influenced commitment and performance, while commitment did not directly influence performance. Emotional intelligence was shown to act as a moderating variable that strengthened the relationship between work culture and commitment and performance. These findings suggest that strengthening work culture supported by the development of emotional intelligence can improve the effectiveness of hospital organizations. This study provides theoretical and practical contributions to human resource management in the healthcare sector, particularly in the context of religious-based hospitals.

INTRODUCTION

Hospitals, as healthcare institutions that provide comprehensive individual health care, including inpatient, outpatient, and emergency care, play a crucial role in ensuring the availability and quality of services for patients in need. As is well known, Muhammadiyah, one of the largest Islamic organizations, has emerged as a network of healthcare managers and the largest producer of healthcare workers throughout Indonesia. Therefore, it is interesting to examine the contribution and development of this organization, particularly in the healthcare sector.

PKU Muhammadiyah Gombong General Hospital is a Muhammadiyah-owned hospital located in southern Central Java, has developed significantly and has become a referral hospital with the most complete facilities in southern Central Java. This Muhammadiyah-owned hospital was originally a type C hospital and is now a private type B hospital with sub-specialty services. In 2024, it successfully acquired 2 (two) hospitals, namely Amanah Sumpyuh Banyumas Women's and Children's Hospital and Aghisna Kroya Cilacap Hospital.

The implementation of Muhammadiyah-owned management at both hospitals has significantly impacted service processes, infrastructure, policies, and the availability of resources needed by the organization. Many healthcare workers who were previously part of the hospitals before the acquisition are now part of the hospitals under the new management. The long-standing work culture of Muhammadiyah-owned hospitals, along with the contribution of the emotional intelligence of its

residents, has significantly influenced the performance and commitment of the healthcare providers within the organization.

Work culture plays a vital role in shaping individual behavior and performance within an organization, including in the healthcare sector (Nuriyati et al., 2021). Research by Rannu et al., (2023) shows that work culture has a significant influence on nurse performance in hospitals. However, the research resultsHindadjo et al., (2022) different conclusions were obtained, namely that work culture does not have a significant influence on performance. Other findings in the studySanosra et al., (2022) also concluded that work culture, either directly or indirectly, does not affect performance.

Based on literature studies, although many studies have discussed the relationship between work culture and health worker performance (Agustin et al., 2024a; Indriani & Apriani, 2023), significant), (Hindadjo et al., 2022; Sanosra et al., 2022), not significant), the findings of previous studies show inconsistent research results, in addition, there are still few that focus on the role of emotional intelligence as a moderating variable in the relationship. Emotional intelligence, which involves the ability to recognize, understand, and manage one's own and others' emotions, can influence how health workers respond to work culture and how they interact with colleagues and patients. Research by Reski & Wonua (2023); Mehralian et al., (2025); Aldhafeeri et al., (2025) shows that emotional intelligence influences nurse performance, but does not discuss its role as a moderating variable in relation to work culture.

Emotional intelligence can act as a moderating variable that clarifies or even strengthens the relationship between organizational culture and healthcare worker commitment and performance. Therefore, including emotional intelligence as a moderating variable in this study is important to explore the role of emotions in the dynamics of healthcare worker commitment and performance in the context of Muhammadiyah hospitals. This study aims to fill this research gap by examining the moderating role of emotional intelligence in the influence of organizational culture on healthcare worker commitment and performance in Muhammadiyah hospitals. This research is expected to provide new insights that can be used by hospital managers to improve healthcare worker performance by strengthening a positive organizational culture and developing their emotional intelligence.
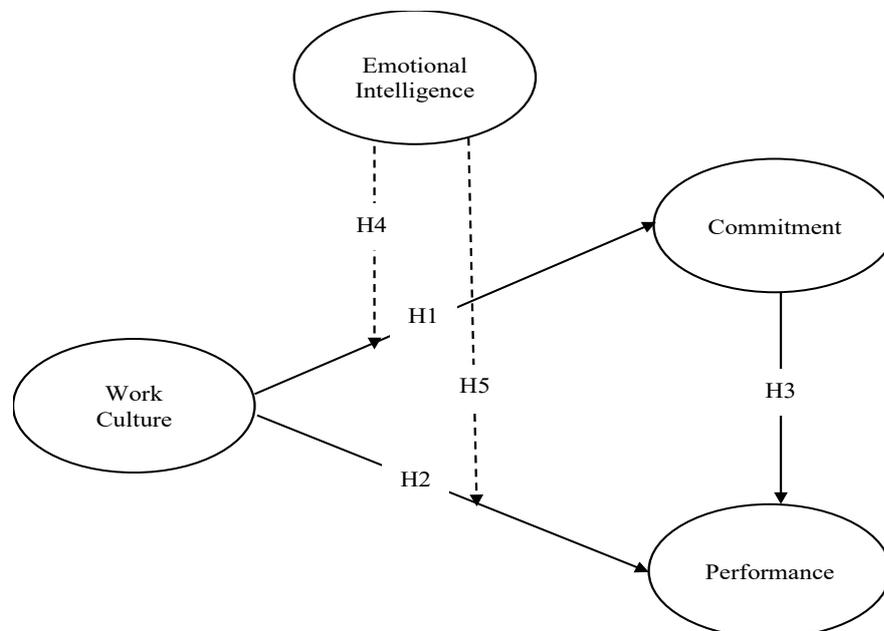

Figure 1Research Model

Hypothesis 1 (H1):

Work culture has a positive effect on the commitment of health workers at Amanah Sumpyuh Banyumas Hospital.

Hypothesis 2 (H2):

Work culture has a positive influence on the performance of health workers at Amanah Sumpyuh Hospital, Banyumas.

Hypothesis 3 (H3):

Commitment has a positive influence on the performance of health workers at Amanah Sumpyuh Hospital, Banyumas.

Hypothesis 4 (H4):

Emotional intelligence plays a role as a moderating variable in the relationship between work culture and commitment of health workers at Amanah Sumpyuh Hospital, Banyumas.

Hypothesis 5 (H5):

Emotional intelligence plays a role as a moderating variable in the relationship between work culture and the performance of health workers at Amanah Sumpyuh Hospital, Banyumas.

RESEARCH METHODS

This study uses a quantitative explanatory approach to analyze the causal relationship between work culture, emotional intelligence, commitment, and healthcare worker performance. The population in this study was all healthcare workers at Muhammadiyah Amanah Sumpyuh Hospital, Banyumas, with a sample size of 75 people. Data collection was conducted through a structured questionnaire containing standardized items from the research constructs. All items were measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The constructs used include:

Work Culture, measured through 5 indicators (e.g.: work habits, compliance, professionalism).

Commitment, measured through 3 dimensions (affective, normative, and ongoing commitment).

Performance, measured through 5 indicators (quality, quantity, timeliness, responsibility, and initiative).

Emotional Intelligence, measured through 5 dimensions (self-awareness, self-control, motivation, empathy, and social skills).

Data analysis was conducted using Structural Equation Modeling - Partial Least Squares (SEM-PLS) with the help of SmartPLS 4.0 software. Model testing included evaluation of the measurement model (validity and reliability) and the structural model (path test, R^2, Q^2 values, and moderation effects) according to the guidelines of Hair et al. (2019).

Table 11 Conceptual and operational definitions of variables

No	Variables	Conceptual Definition	Operational Definition	Indicator
1	**Work Culture**	A pattern of values, norms, and practices formed and agreed upon by members of an organization that influences the way individuals work within the organization.(Agustin et al., 2024b; Schein, 2010)	Health workers' perceptions of the values, rules, and work habits that apply in the hospital environment.	1) Work habits 2) Compliance with regulations 3) Work values adopted 4) Work professionalism 5) Distance from superiors (openness) (Koesmono in(Cheraghi et al., 2025; Hindadjo et al., 2022)

No	Variables	Conceptual Definition	Operational Definition	Indicator
2	**Work Commitment**	The level of individual attachment and loyalty to the organization, characterized by the desire to contribute maximally and remain in the organization.(Agustin et al., 2024a; Allen & Meyer, 1990)	The willingness and determination of health workers to consistently support the hospital's vision and mission.	1) Affective commitment (sense of belonging) 2) Ongoing commitment (desire to persist) 3) Normative commitment (sense of moral responsibility) (Allen & Meyer, 1990 in (Agustin et al., 2024a))
3	**Health Worker Performance**	The results of individual work in carrying out their duties and responsibilities based on hospital standards and professional ethics.(Agustin et al., 2024a)	Achievement of health workers' work in terms of quantity, quality, timeliness and responsibility.	1) Quality of service 2) Quantity of service 3) Timeliness of service 4) Work initiatives 5) Responsibility (Agustin et al., 2024a; Sanosra et al., 2022)
4	**Emotional Intelligence**	The ability to recognize, understand, manage one's own and others' emotions, and build effective social relationships.(Cheraghi et al., 2025; Goleman et al., 2015)	The ability of health workers to manage their own emotions, understand the emotions of patients/colleagues, and build healthy working relationships.	1) *Self-* awareness 2) *Self-* regulation 3) Self -*motivation* 4) Empathy 5) Social *skills* (Agustin et al., 2024a; Cheraghi et al., 2025)

RESULTS AND DISCUSSION

Respondent Characteristics

Table 1 presents the demographic characteristics of 75 respondents who are healthcare workers at Muhammadiyah Amanah Sumpiuh Hospital. In terms of gender, the proportion of women (77.3%) is much more dominant than men (22.7%). This is consistent with the demographic reality of healthcare professionals in Indonesia, especially nurses and midwives, the majority of whom are women (Ministry of Health of the Republic of Indonesia, 2023). In terms of age, most respondents were in the 26–30 years age range (44.0%) and ≤ 25 years (24.0%), meaning more than two-thirds of respondents were classified as young and early career. This age group is usually associated with high motivation and openness to new work cultures but is also vulnerable to instability of organizational commitment if the support system is inadequate (Twenge & Campbell, 2008). Educational level shows that most respondents had a Diploma III background (54.7%), followed by a bachelor's degree (44.0%), and only one respondent (1.3%) with postgraduate education. This educational profile reflects the general characteristics of nursing personnel in medium-sized hospitals, where D3 is the dominant level. Education level can influence perceptions of emotional intelligence and the meaning of work culture and commitment (Goleman, 2006). Respondents' marital status was predominantly married (64.0%). This psychosocial status can contribute to emotional stability and increased commitment to the organization (Allen & Meyer, 1990), particularly in work contexts that demand emotional stability, such as the healthcare sector.

Table 2. Respondent Identity

		Frequency	Percentage
Gender	Man	17	22.7
	Woman	58	77.3
	Total	75	100.0
Age	≤ 25 Years	18	24.0
	26 to 30 years old	33	44.0
	31 to 35 years old	16	21.3
	36 to 40 years old	3	4.0
	> 40 Years	5	6.7
	Total	75	100.0
Education	Diploma III	41	54.7
	Bachelor	33	44.0
	Postgraduate	1	1.3
	Total	75	100.0
Married Status	Not married yet	27	36.0
	Married	48	64.0
	Total	75	100.0

Source: Data Process, 2025

Structural Equational Modeling Partial Least Square (SEM-PLS) Analysis

Measurement Model/Outer Model Assessment

Evaluation of the outer model or measurement model includes an assessment of the outer loading, validity, and reliability of the items and the constructs being studied. Validity is assessed in two ways: convergent validity and discriminant validity (Hair et al., 2019). The first stage in assessing the outer model is to examine the *outer loading value* of each indicator measuring the construct. Hair et al. (2018) recommend a strong *factor loading value* above 0.70, but an outer loading value between 0.50 and 0.60 is still acceptable. The second stage is to assess internal consistency reliability by examining the composite reliability and Cronbach's alpha values. A satisfactory reliability value is based on the opinion ofHair et al., (2019; Jöreskog (1971) is between 0.70 to 0.90.

The third stage is assessing convergent validity. Convergent validity is the extent to which a construct converges to explain the variance of its items. The metric used to evaluate the construct's convergent validity is the average variance extracted (AVE) for all items in each construct. An acceptable AVE is 0.50 or higher, indicating that the construct explains at least 50 percent of the variance in its items (Hair et al., 2019).

The fourth step is to assess discriminant validity, which is the extent to which a construct is empirically different from other constructs in the structural model. Discriminant validity is explained inHair et al., (2019) includes three assessments, namely first by following the approach fromFornell & Larcker (1981) namely that the AVE root value of each construct should be compared with the square of the inter-construct correlation (as a measure of shared variance) of the same construct and all other constructs measured reflectively in the structural model. The shared variance for all model constructs should not be greater than the AVE root value. Second, with the approachHenseler et al., (2015) namely by looking at the heterotrait-monotrait (HTMT) ratio of correlations (Voorhees et al., 2016). HTMT is defined as the average value of item correlations across constructs relative to the average (geometric) correlation for items measuring the same construct. The recommended HTMT ratio value is less than 0.85 or 0.90. The results of the analysis for outer loading, composite reliability, Cronbach's alpha, and AVE are shown in Table 2.

Table 3. Summary of output measurement model (Outer loading, Composite Reliability, Cronbach Alpha, AVE)

Variables	Item	Outer Loading	Composite Reliability	Cronbach Alpha	AVE
Work Culture	BK1	0.845			
	BK2	0.814			
	BK3	0.901	0.902	0.895	0.706
	BK4	0.874			
	BK5	0.761			
Commitment	Ko1	0.814			
	Ko2	0.782	0.835	0.776	0.685
	Ko3	0.884			
Performance	K1	0.765			
	K2	0.758			
	K3	0.807	0.863	0.854	0.632
	K4	0.803			
	K5	0.838			
Emotional Intelligence	KE1	0.725			
	KE2	0.787			
	THE 3RD	0.832	0.852	0.847	0.619
	KE4	0.846			
	KE5	0.737			

Source: Data Process, 2025

Based on the analysis results, all indicators of the four constructs have outer loading values above 0.70. This indicates that each indicator has a strong correlation with the construct it measures, in accordance with the minimum limit recommended by Hair et al., (2019). For example, in the work culture construct, the BK3 indicator shows the highest loading value of 0.901, while the lowest value is found in BK5 at 0.761. Similarly, for other constructs such as commitment, performance, and emotional intelligence, all indicators show good measurement consistency with adequate loading values. Furthermore, the results of the internal reliability evaluation show that the composite reliability and Cronbach's alpha values for all constructs are in the excellent range, namely above 0.80. For example, the work culture construct has a composite reliability value of 0.902 and a Cronbach's alpha of 0.895, indicating very high internal consistency between items. These findings indicate that all constructs in this study have very adequate reliability and can be relied upon for further measurement processes. In terms of convergent validity, all constructs also met the established criteria with an average variance extracted (AVE) value above 0.50. The highest AVE value was found for work culture at 0.706, while the lowest value remained within the recommended limit, at 0.619 for emotional intelligence. This means that more than 50% of the variance explained by the indicators in each construct comes from the construct itself, not from errors or other constructs, thus convergent validity has been achieved.

Discriminant validity tests the extent to which a construct is truly unique and distinct from other constructs in the model. One approach used is the Fornell-Larcker Criterion, where the square root of a construct's AVE must be greater than the correlation between that construct and other constructs. Values on the diagonal of the table represent the square root of the AVE, while values below the diagonal indicate the correlation between constructs. The results of the discriminant analysis using the Fornell-Larcker Criterion can be seen in Table 3.

Based on the results presented in Table 3, all diagonal values show higher numbers than the correlations between the relevant constructs. For example, the work culture construct has an AVE root of 0.840, which is greater than its correlation with emotional intelligence (0.450), performance (0.595), or commitment (0.562). This indicates that work culture is a unique construct and does not significantly

overlap with other constructs. The same is also seen for the emotional intelligence construct, where its AVE root value of 0.787 is higher than its correlation with work culture (0.450), performance (0.554), and commitment (0.443). Similarly, for the performance and commitment constructs, both show AVE root values that are greater than their correlations with other constructs. Performance has a value of 0.795, higher than the correlation with work culture (0.595), emotional intelligence (0.554), and commitment (0.580). Meanwhile, commitment has an AVE squared of 0.828, which is also greater than its correlation with other constructs. The results in Table 3 collectively confirm that the constructs used in this study have met the requirements for discriminant validity according to the Fornell-Larcker criteria. This means that each construct in the structural model stands as a distinct theoretical entity and does not experience measurement redundancy with each other.

Table 3. Results of discriminant validity analysis using the Fornell Larcker Criterion approach

	Work Culture	Emotional Intelligence	Performance	Commitment
Work Culture	**0.840**			
Emotional Intelligence	0.450	**0.787**		
Performance	0.595	0.554	**0.795**	
Commitment	0.562	0.443	0.580	**0.828**

Source: Data Process, 2025

Table 3 presents the results of the discriminant validity analysis using the Heterotrait-Monotrait Ratio (HTMT) approach. HTMT is a more sensitive method than the Fornell-Larcker Criterion in detecting discriminant validity problems and is now increasingly recommended as a standard procedure in SEM-PLS models (Hair et al., 2019; Henseler et al., 2015).

Table 4. Results of discriminant validity analysis using the HTMT ratio approach

Correlation between Constructs	Heterotrait-monotrait ratio (HTMT)
Emotional Intelligence <-> Work Culture	0.493
Performance <-> Work Culture	0.660
Performance <-> Emotional Intelligence	0.623
Commitment <-> Work Culture	0.637
Commitment <-> Emotional Intelligence	0.513
Commitment <-> Performance	0.684

Source: Data Process, 2025

Based on the results listed in Table 4, all HTMT values between constructs are below the maximum threshold of 0.85. The highest value is found in the relationship between commitment and performance (0.684), followed by the relationship between performance and work culture (0.660), and the relationship between commitment and work culture (0.637). These values are still within acceptable limits and indicate that each construct in the model has adequate discrimination against the other constructs. By meeting the HTMT criteria, these results strengthen the evidence that discriminant validity has been well met in this study's measurement model.

Structural Model/Inner Model Assessment
Assessment in the structural model includes assessment of statistical colinearity, coefficient of determination (R^2), *Construct Crossvalidated Redundancy* ($Q^{2)}$), and statistical significance and relevance of path coefficients.

Statistical collinearity serves to ensure that multicollinearity does not occur in a research model. Collinearity statistics are expressed in the form of a variance inflation factor (VIF), which measures how much the variance of the regression coefficient increases due to correlation between predictors. A high VIF value indicates potential multicollinearity problems, which can obscure the interpretation of causal relationships between variables in the model. According to Hair et al., (2019), a VIF value below 5 is considered safe, while a value above 5 requires caution because it indicates a high likelihood of collinearity.

The coefficient of determination ($R2$) is useful for seeing the percentage of influence of exogenous variables in explaining endogenous variables. The R2 assessment criteria are based on the opinionHair et al., (2019) which states that R2 ranges from 0 to 1, with higher values indicating greater explanatory power. As a guideline, R2 values of 0.75, 0.50, and 0.25 can be considered substantial, moderate, and weak, respectively.

In the structural assessment of the model, an assessment of *the Construct Crossvalidated Redundancy is also carried out,* which is the output of the Blindfolding procedure which functions to see predictive relevance or assess prediction accuracy. In the SmartPLS output, the *Construct Crossvalidated Redundancy value* is denoted by Q2. (Hair et al., 2019)The Q2 value must be greater than zero for a particular endogenous construct to indicate the predictive accuracy of the structural model for that construct. As a benchmark, Q2 values greater than 0, 0.25, and 0.50 indicate low, medium, and high predictive relevance, respectively. The next most important assessment is assessing the statistical significance and relevance of the path coefficients, which are useful for explaining causality between constructs or answering research hypotheses. The results of the statistical collinearity analysis can be seen in Table 5.

Table 5 results of colinearity statistics

Variable Relationship	VIF
Work Culture -> Performance	1,651
Work Culture -> Commitment	1,254
Emotional Intelligence -> Performance	1,360
Emotional Intelligence -> Commitment	1,254
Commitment -> Performance	1,869
Emotional Intelligence x Work Culture -> Performance	1,195
Emotional Intelligence x Work Culture -> Commitment	1,000

Source: Data Process, 2025

Based on the results in Table 5, all VIF values in the model are well below the critical threshold (>5). Thus, it can be concluded that there is no indication of multicollinearity in the relationships between the analyzed constructs. The results of the coefficient of determination and construct cross-validation redundancy analysis can be seen in Table 6.

Table 6 results of the coefficient of determination (R^2) and Construct Crossvalidated Redundancy (Q^2)

Variables	R Square	Q Square
Performance	0.599	0.337
Commitment	0.465	0.285

Source: Data Process, 2025

Based on the analysis results, the R^2 value for the performance variable was 0.599, while for commitment it was 0.465. This means that approximately 59.9% of the variance in health worker performance can be explained by work culture, commitment, and emotional intelligence, while 46.5% of

the variance in commitment can be explained by work culture and emotional intelligence. These values indicate that the model has quite good predictive power. Specifically, the R^2 value of performance, which is close to 0.60, indicates that the model is able to explain more than half of the variation in health worker performance, which is quite adequate for research in the context of human resource management in the healthcare sector.

Meanwhile, construct cross-validated redundancy (Q^2) is used to evaluate the predictive relevance of the model to the endogenous construct. The Q^2 value is calculated using a blindfolding procedure and must be greater than zero to be considered predictive.(Hair et al., 2019) suggested the interpretation of Q^2 values as follows: 0.02 (weak), 0.15 (moderate), and 0.35 (strong). Based on the results in Table 6, the Q^2 value for performance is 0.337 and for commitment is 0.285. These values indicate that the model has moderate to strong predictive relevance, meaning the model is not only able to explain the data, but also quite good at predicting unobserved data (*out-of-sample prediction*). The results of the statistical significance analysis and the relevance of the path coefficients can be seen in Figure 2 Table 7.
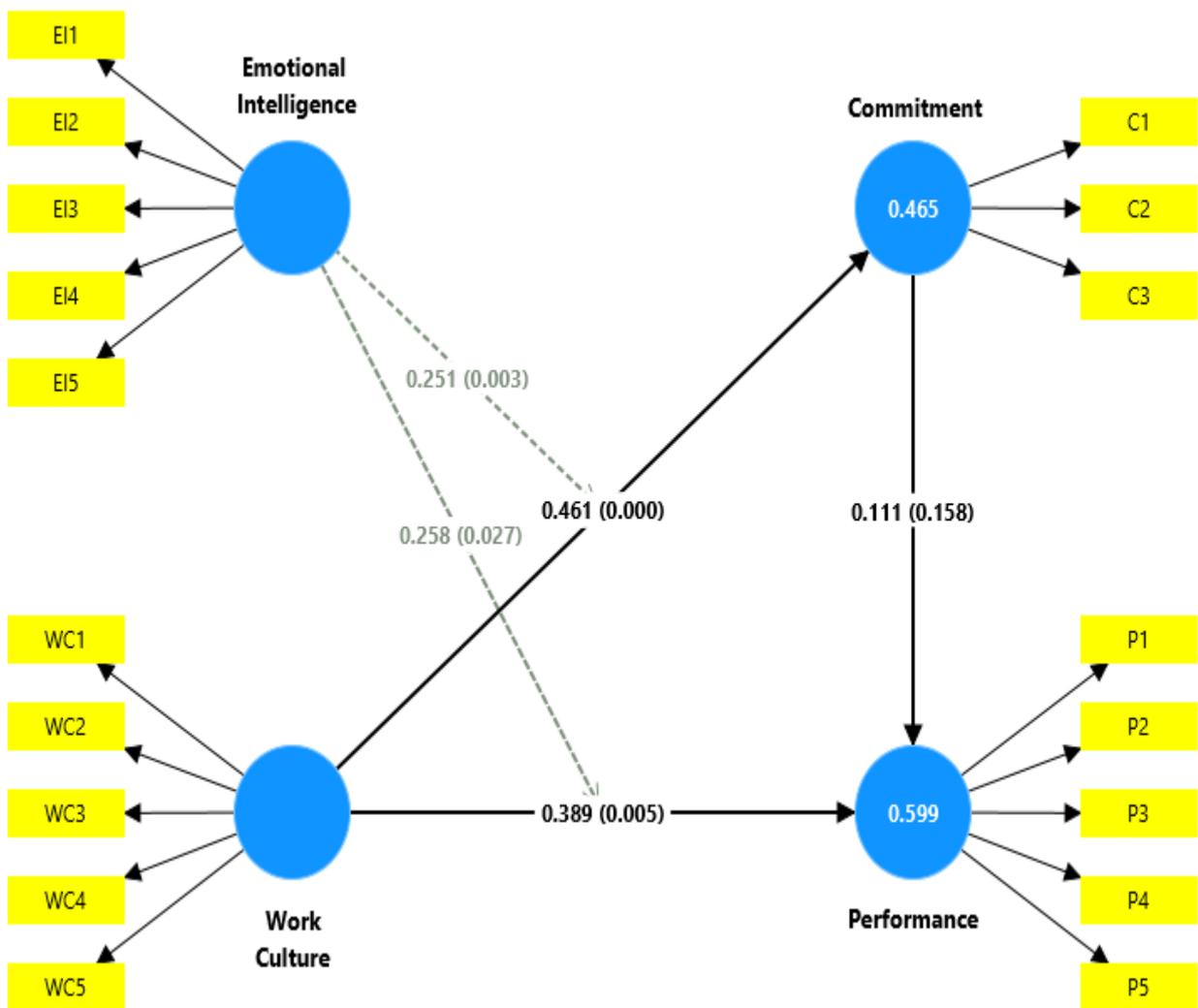

Figure 2. Research hypothesis testing in the form of a research model

Table 7. Hypothesis test of direct and moderation effects

Relationship between variables	β	St. Dev	T Statistics	P Values	Hypothesis Conclusion
Direct Influence					
Work Culture -> Performance	0.389	0.149	2,611	0.005	**H1 Accepted**
Work Culture -> Commitment	0.461	0.108	4,256	0.000	**H2 Accepted**
Commitment -> Performance	0.111	0.111	1,002	0.158	**H3 Rejected**
Moderation Influence					
Emotional Intelligence x Work Culture -> Performance	0.258	0.134	1,927	0.027	**H4 Accepted**
Emotional Intelligence x Work Culture -> Commitment	0.251	0.092	2,731	0.003	**H5 Accepted**

Source: Data Process, 2025

The relationship between work culture and performance shows a coefficient of 0.389 with a t-statistic of 2.611 and a p-value of 0.005. This value is statistically significant at the 99% confidence level, indicating that the more positive the perception of healthcare workers towards the hospital's work culture, the higher their performance. This result is in line with various previous studies which confirm that a conducive work environment contributes to increased productivity of healthcare workers (AL-Abrrow et al., 2021; Tsai, 2011). Furthermore, the relationship between work culture and commitment is also statistically significant, with a coefficient of 0.461, a t-statistic of 4.256 and a p-value of 0.000. These results indicate that a strong organizational culture positively encourages emotional attachment and loyalty of healthcare workers towards the institution. These results support the organizational commitment theory of Meyer and Allen (1991), which states that a supportive work environment will increase employee affection and dedication to the organization. Meanwhile, the relationship between commitment and performance showed a lower coefficient of 0.111 and was not statistically significant with a t-statistic of 1.002 and a p-value of 0.158. These results indicate that in the context of this hospital, commitment may not directly impact performance improvement if it is not accompanied by other supporting factors such as work culture or emotional skills. These results suggest that emotional loyalty alone is not enough to drive optimal work output without the support of adequate work systems and environments.

Interestingly, emotional intelligence was shown to play a significant role as a moderator. The interaction effect between emotional intelligence and work culture on performance had a coefficient of 0.258 with a p-value of 0.027, while the effect on commitment had a coefficient of 0.251 with a p-value of 0.003. Both were statistically significant, indicating that emotional intelligence strengthens the influence of work culture on the psychological and behavioral outcomes of healthcare workers. In other words, healthcare workers with good emotional regulation skills will be better able to respond adaptively to a positive work culture, which then impacts their performance and commitment. The following illustrates the role of emotional intelligence in moderating the relationship between work culture and commitment.
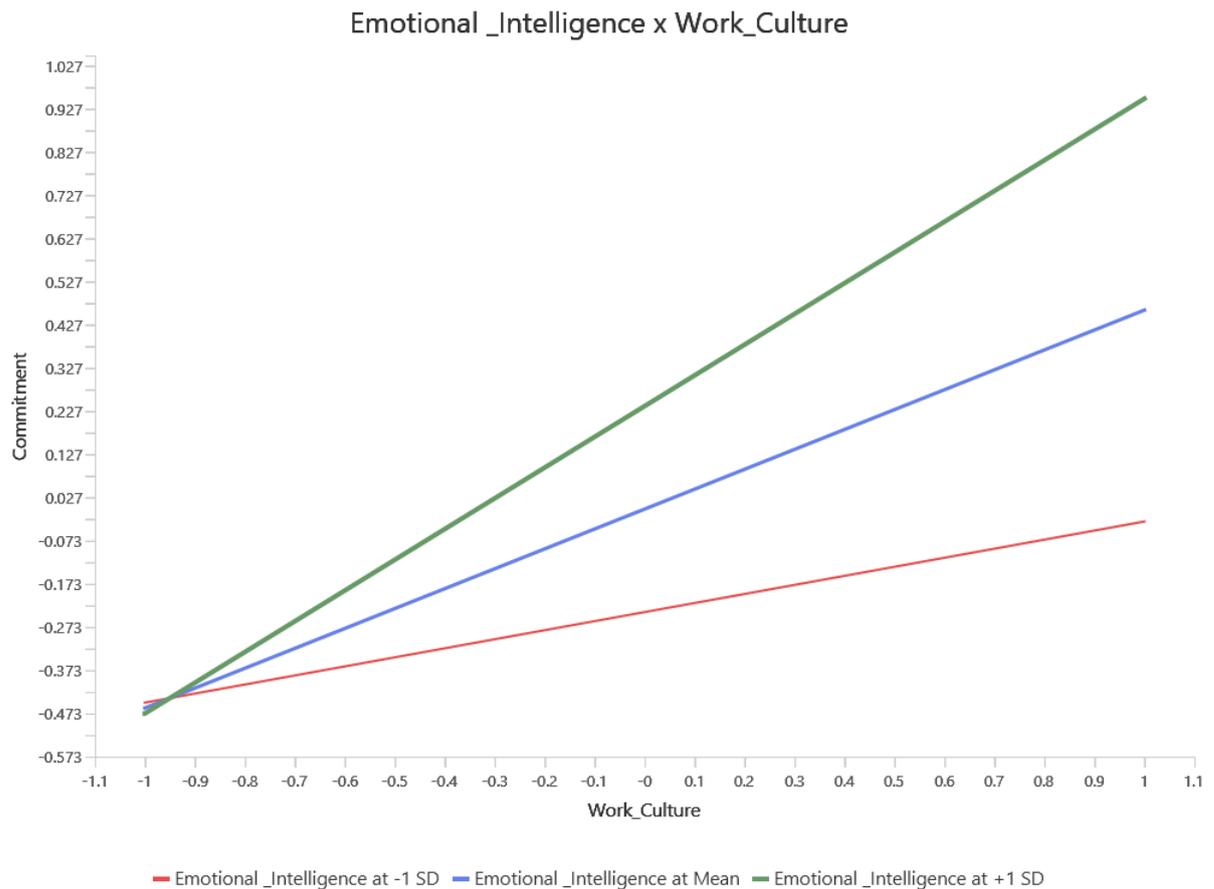
Figure 3. Slope analysis of the moderating role of emotional intelligence in the relationship between work culture and commitment

These findings align with contemporary approaches in human resource management, which emphasize the importance of psychological and affective factors such as emotional intelligence in enhancing organizational effectiveness, particularly in the emotionally demanding healthcare sector (Goleman, 2006; Harms & Credé, 2010). Emotional intelligence not only serves as a buffer against work stress but also as a catalyst in optimizing responses to the organization's values. Overall, these results indicate that work culture has a strong direct influence on commitment and performance, while commitment's direct influence on performance is weaker. However, emotional intelligence emerged as a significant factor strengthening the relationship between work culture and these two important outcomes. The findings of this study provide strategic implications that interventions emphasizing the development of emotional competencies can strengthen the effectiveness of work culture in improving the performance of healthcare workers.

Figure 3 shows the moderation of emotional intelligence on the relationship between work culture and commitment. The slope shown shows that the line with the highest slope appears in the group of respondents with high emotional intelligence. This means that as emotional intelligence increases, the influence of work culture on commitment also becomes stronger. Conversely, in the group with low emotional intelligence, the slope becomes shallower, indicating that work culture does not contribute significantly to commitment if it is not accompanied by good emotional management competencies. The results of this study are consistent with the dual *enhancement theory* , which states that the relationship between contextual factors (such as work culture) and psychological outcomes (such as commitment) will be stronger when individuals have personal resources such as emotional intelligence (Xanthopoulou et al., 2007). Emotional intelligence allows individuals to understand and internalize organizational values more deeply, thereby strengthening affection and identification with the institution where they work.

An illustration of the role of emotional intelligence in moderating the relationship between work culture and performance is described as follows.
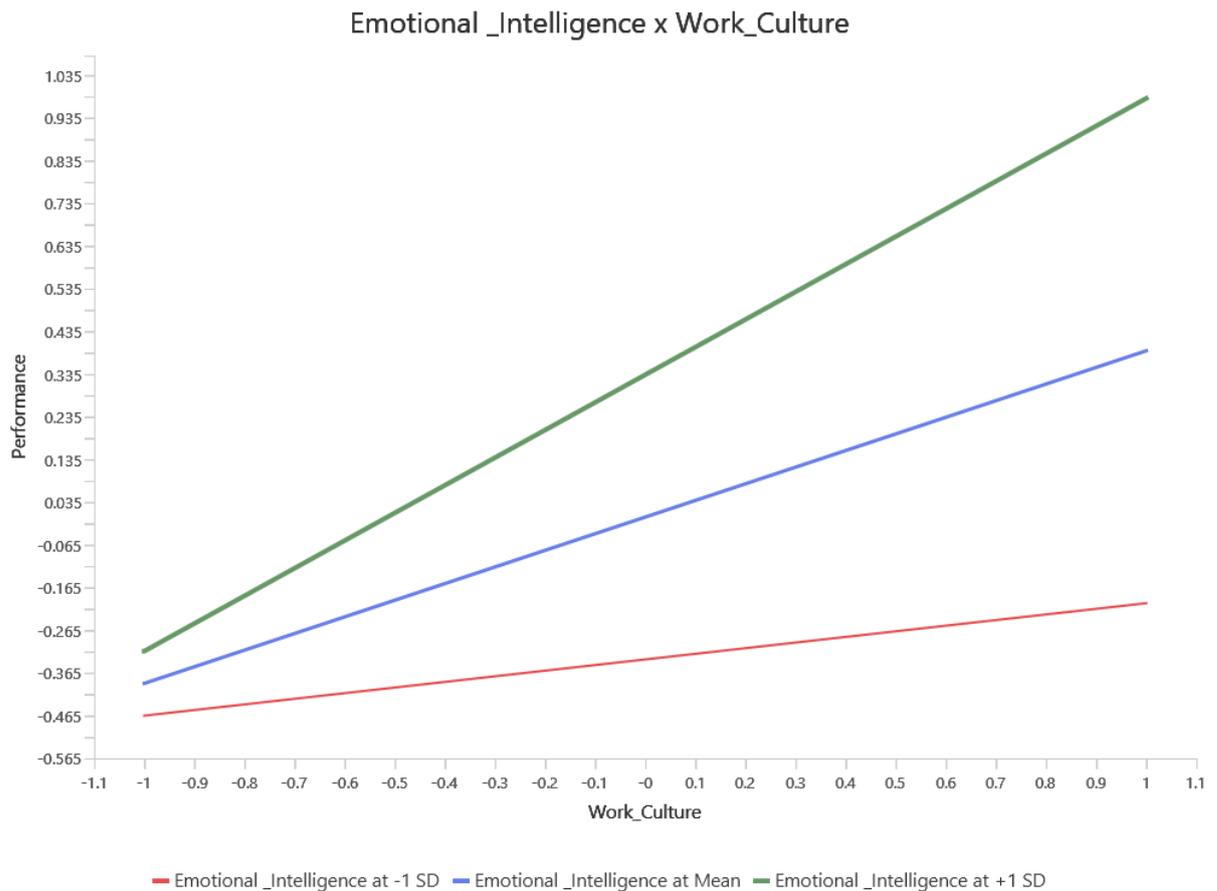
Figure 4. Slope analysis of the moderating role of emotional intelligence in the relationship between work culture and performance

Figure 4 illustrates the moderation of emotional intelligence on the relationship between work culture and performance. A similar visualization pattern is also found in Figure 3. The slope line for the group with high emotional intelligence indicates a more significant performance increase when the work culture is positive. This means that a good work culture will have a greater impact on performance improvement when healthcare workers are able to manage emotions, recognize the feelings of themselves and others, and direct their emotional responses adaptively. Conversely, for healthcare workers with low emotional intelligence, the relationship between work culture and performance is weak. This indicates that even though the work environment is conducive, performance does not automatically improve if individuals do not have sufficient intrapersonal and interpersonal skills to optimally utilize these conditions. This finding strengthens the argument in the literature that emotional intelligence acts as a personal amplifier, a factor that magnifies the positive influence of work conditions on actual performance (Côté, 2014).

CONCLUSION

This study confirms the importance of a strong work culture in enhancing the commitment and performance of healthcare workers. Although commitment was not proven to have a significant direct effect on performance, emotional intelligence was shown to be an important moderating factor, strengthening the influence of work culture on commitment and performance. These findings suggest that organizational culture development strategies should be accompanied by emotional intelligence training to maximize organizational outcomes. Further research is recommended using a larger sample size and a longitudinal approach to strengthen the causal validity and generalizability of the results.

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