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Spiritual and interpersonal competencies for advancing health equity from the perspective of Islamic education management

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Abstract

This research aimed to examine the influence of spiritual competence and interpersonal skills in improving health equity from the perspective of Islamic education management. This quantitative research used a descriptive approach and Partial Least Squares Structural Equation Modelling (PLS-SEM). The data were collected through the ArcGIS Survey123 online questionnaire using a five-point Likert scale, with 145 valid responses through stratified random sampling consisting of 61 (42.06%) lecturers, 29 (20%) administrative staff, and 54 (37.24%) students at one of the private Islamic universities. The research results showed that lecturers' interpersonal and spiritual dimensions had a positive and significant effect, confirming the central role of lecturers in building social relationships and spiritual values in the educational environment. On the other hand, the influence on staff was positive but insignificant, while on students, it tended to be negative and insignificant. The research confirmed that lecturers' spiritual competence and interpersonal skills could be effective strategies to promote health equity in the management of Islamic education.

Keywords

Interpersonal, islamic education management, perspective, spiriual competence

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Introduction

The Islamic world, and specifically developing countries, still suffers primarily in public health. Member countries of the Organization of Islamic Cooperation (OIC) still bear considerable differences in accessing health facilities. One of the main factors that contribute to those differences is limited education. Thus, these situations highlight the imperative of improving Islamic education, combining religious values and interpersonal skills—not just for individual growth but as an accelerator of the overall transformation of society.

Islamic educational management in this context works to cultivate insan kamil or individuals with strong character and high-level social competence (Abdillah et al., 2022). Spiritual competence, as noted by Rahmawati and Sarnoto (2021), takes place when religious values in life are internalized regularly, corresponding to positive health behaviours. Therefore, interpersonal competence—even as explained by Azizah et al. (2022) and Nimas and Indrawati (2016) —includes empathy, teamwork, and competence to establish relationships that promote access to health services.

There is empirical evidence to suggest that these two capabilities are relevant. Fitri et al. (2023) revealed that high spirituality improves community health awareness. This mirrors the assertion of Saleh et al. (2023) that higher spirituality leads to improved mutual understanding of appropriate religious rituals and, consequently, improved health within communities. Moreover, Wallace et al. (2021) emphasized that 'community connectors' who possess practical interpersonal abilities can mediate between healthcare institutions and oppressed groups regarding communication. Furthermore, Zovich et al. (2024) identified that appropriate interpersonal communication according to culture can greatly enhance understanding and program participation rates among hepatitis B and liver cancer-affected communities.

In addition, Mansyur et al. (2023) investigated the impact of belief, spirituality, and interpersonal communication on organisational citizenship behaviour (OCB) among certified lecturers in Islamic educational institutions. The findings support that interpersonal communication and spirituality greatly enhance voluntary and cooperative efforts among lecturers. Despite the above findings, there exists a research gap. Direct studies connecting the development of religious and interpersonal abilities in Islamic educational administration to explicit social outcomes like health equity do not exist. Moreover, there is a limited assessment of models of Islamic educational administration centered on social character building.

Effective implementation of Outcome-Based Education (OBE) is imperative to do this. This calls for profound awareness and sensitivity among lecturers to enable education to move beyond tangible outcomes to bring about positive social impact (Srinivasa Pai & Upadhyaya, 2021). Asbari and Nurhayati (2024) supported this by arguing that OBE can develop crucial 21st-century competencies such as critical thinking, problem-solving, communication, and teamwork, notwithstanding prevailing challenges like lack of lecturer training and resistance at institutions.

Along this line of reasoning, Hasanah et al. (2023) highlighted that Islamic education in the 21st century needs to be built on tawhid, social responsibility, and lifelong learning to produce individuals with sound moral and social character. This is supported by Fadil and

Fuady (2024), who highlight that there is a need to integrate values of a spiritual nature with 21st-century competencies to address Society 5.0 challenges. Considering this, this research has both theoretical and practical objectives. Theoretically, it strives to bridge the gap in Islamic studies of educational management. Practically, it endeavours to assist learning institutions in developing curriculum designs of a social character to foster health equity. The research is informed by two overarching research questions: (1) Is interpersonal competence significant and positively linked to health equity? and (2) is there any significant and positive relationship between spirituality and health equity?

Literature Review

Spiritual

According to King (2019), religion offers a spiritual setting in which a young person can investigate concerns related to identity construction. Religion often allows teens to engage with peers and form consistency. Therefore, spirituality offers an understanding of oneself and others. Engaging in spirituality creates a connection with the supernatural, human, or other natural, allowing a young person to see himself or herself in a relationship with God and a community of believers. In addition, spiritual growth is a potentially powerful resource for beneficial human development in life (Benson et al., 2003). Concerning health, Ross et al. (1994) believed that the spiritual component is articulated and scientific evidence for its influence on health, well-being, and quality of life.

Interpersonal competence

Interpersonal skills are characterized as the capacity to respect the perspectives of others, recognize social responsibility, collaborate, be tolerant, and interact with others. Interpersonal skills are measured by five traits: (1) consideration of other people's perspectives, (2) knowledge of social responsibility, (3) participation with everyone, (4) empathy for others, and (5) good communication with each other (Khilmiyah, 2014). Cao (2022) articulated that the lack of interpersonal equality among colleagues and one having professional jurisdiction over the other can lead to knowledge concealment. The findings of Nimas and Indrawati (2016) strengthen Carl Rogers' self-concept theory by proving that the more positive the student's self-concept, the higher the interpersonal competence.

Health equity

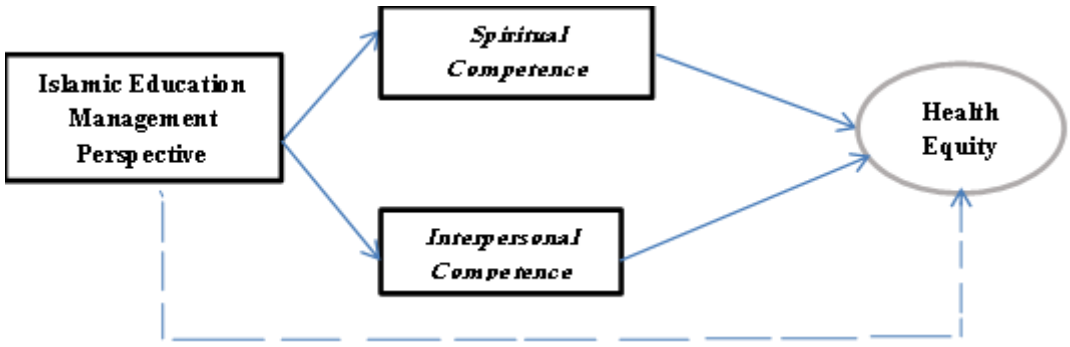
The fundamental premise of public health is that everyone has the right to be healthy. Disparity is differences in the frequency and severity of health problems and health status between populations. Education is an important tool for preventing poverty from returning (which disproportionately impacts ethnic and racial minority communities) and promoting health equity. As defined in public health literature and practice, health equity is when all individuals reach their full health potential. No one is disadvantaged from fulfilling this potential because of their social status or other socially determined social conditions (Hahn & Truman, 2015).

Methodology

This research explores a possible driver for health equity in this situation through an Islamic education management perspective: how spirituality and people's interpersonal competence can drive health equity. It uses quantitative with a descriptive approach and Partial Least Squares Structural Equation Modelling (PLS-SEM). The suggested structural model is investigated in 2 steps: first, the model includes a latent variable (measurement model) that describes the relationship between the latent indicator and the manifest element, and second, a structural model that includes the interaction between latent constructions. Conceptual models explain the relationship between latent variables and predictive factors. PLS-SEM is used to analyze the elements of causal prediction and reflective and formative aspects (Erdfelder et al., 2009). This technique is nonparametric, which implies that there is no need to expect the distribution of data. PLS-SEM is a well-known multivariate analytical approach to developing models of structural equations dependent on variance, especially in the social sciences (Ahmed & Masud, 2014).

The SEM approach was used to build the model, and 19 qualities of basic educational competencies and skills, such as spiritual and interpersonal talent, were identified as observable factors, which were finalized from the literature (described above) and classified into two groups. Construction-related aspects, stakeholder-related factors, content factors, design-related factors, and external device components are five classifications. The endogenous latent variable (college community health equity) consists of eight observable elements. Figure 1 represents a concept design that shows the relationship between exogenous and endogenous latent components. As a result, two primary constructions impact the health equity of community colleges. The following is the research hypothesis:
(H1): Interpersonal talents have a substantial and beneficial impact on health equity.
(H2): Spirituality is important and positive in advancing health equity.

Figure 1. *A proposed structure modelling*



The population in this research consisted of lecturers, administrative staff, and students at one of the Indonesian private Islamic universities in Jambi. From the college community, 145 responded, but one was missing. Table 1 shows data for 61 (42.06%) lecturers, 29 (20%) administrative staff, and 54 (37.24%) students.

Table 1. *Respondent's profile*

Demographic	[N]	[%]
Lectures	61	42.06
Administration staff	29	20
Students	54	37.24
Missing respondent	1	0.7

In collecting the data, the researchers used a survey with an online structured questionnaire using ArcGIS 123 as the instrument. Questionnaires are sent to the college community via group messages or WhatsApp meetings. The researchers ensure confidentiality of the reply. Respondents were asked to fill out survey questions based on their experiences and the most recently complete educational projects related to public health in which they were involved and had difficulty promoting health equity. The 145 questionnaires issued were returned, with one participant missing. One hundred and forty-four complete questionnaires were collected for final analysis, resulting in a response rate of 99.03%. Given the selection, all respondents were considered to have sufficient experience to understand the importance of the research. The researchers gave the consent to the respondents. This research follows all applicable regulations and guidelines.

The research was divided into two parts and applied to three categorized respondents: Part A: Factors influencing basic educational competencies and college public opinion skills on the utilization of public health in promoting health equity were further broken down into six components: Spiritual (5 sub-indicators), interpersonal talent (6 sub-indicators), and promoting health equity (8 sub-indicators) each. The construction and content of the instrument are validated by one internal and other expert validator.

Table 2 below shows the five-point Likert scale used in the questionnaire, which ranged from 1 = strongly disagree to 5 = strongly agree. Likert scale responses indicate whether they agree or disagree with various claims about attitudes, objects, people, or events (Taherdoost, 2019). According to Colman et al. (1997), most scales, including the Likert measure and other attitude scales, included five or seven response alternatives; there was no suggestion for scale choices, and they did not impact the quality criteria of psychometric evaluation. As a result, academics may set their scoring systems in a decreasing or ascending way (Menold & Bogner, 2016). However, this should be done fairly throughout the questionnaire, with a strong presentation of options at the beginning.

Table 2. *Likert scale's value*

	Responses				
Scale	5	4	3	2	1
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree

Findings

The proposed model structure was analyzed using Smart-PLS version 3.3.3, outperforming regression-based techniques in assessing multiple latent components with a wide range of observable variables (Hair et al., 2020). According to Henseler et al. (2009), PLS uses a two-step approach consisting of evaluation outside the measurement framework and modeling core structural equations. In addition, PLS-SEM is now recognized and used in social science studies as the best acceptable method for multivariate analysis (Dash & Paul, 2021; Hair et al., 2020).

This section of Appendices 1, 2, and 3 describes descriptive statistics such as mean, standard deviation, kurtosis, and slope in detail. The findings of kurtosis and slope (values between –1 and +1) indicate that the data are disseminated normally. The researchers converted the data to the Microsoft Excel spreadsheet during the setup process. Outliers and incomplete data were updated according to the recommendations of Hair Et al. (2010). The data are prepared to verify completeness and quality, as well as the absence of statistical outliers, incomplete data, incomplete non-distribution, or other data entry errors, as recommended by Chin (2010) and Hair et al. (2017). Box plots are used to identify outliers for each component. In current research, the data varies from 0 to 0.5% for a single item. The lack of data is completely arbitrary (Hair et al., 2010). In contrast, the standard for the univariate normality of variables in the measurement model for latent variables is that the slope and kurtosis values for each item are between -1.96 and +1.96 at the significance level (0.05). The data were distributed normally (Table 3) and analyzed using SmartPLS 3.3.3.

Model evaluation

In the second stage, the assessment model is evaluated using composite reliability to demonstrate internal reliability, individual reliability coefficients, and extracted mean-variance (AVE) to establish convergent validity. In addition, Fornell-Larcker feasibility and cross-loading measures were used to test the validity of the differentiators (Hair et al., 2016). The debate about such studies is in the following sections. Tables 3, 4, and 5 reveal that the composite reliability (CR) for each construct in this research varied between 0.855 and 0.911 (lecturers), 0.729 and 0.877 (administrative staff), and 0.829 and 0.929 (students), greater than the indicated threshold of 0.7. As a result, the findings show that the objects used to create the construction are internally consistent and reliable.

The term "convergent validity" was evaluated using factor loads, CR, and AVE (Hair et al., 2016). According to Tables 3, 4, and 5, the loading for all products exceeds the lowest limit of 0.5 (Hair et al., 2010). In addition, the reliability score of construction composites varied from 0.816 to 1.000, which is higher than the suggested limit of 0.7 (Hair et al., 2010), while the AVE scores of lecturers, administrative staff, and students ranged from 0.585 to 0.752, 0.475 to 0.652, and 0.521 to 0.771, which is greater than the minimum criterion of 0.5 with adequate convergent validity (Henseler et al., 2009).

Table 3. *Measurement model for lecturer*

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Interpersonal talent	LI1	0.862	0.886	0.911	0.632
	LI2	0.825			
	LI3	0.797			
	LI4	0.845			
	LI5	0.720			
	LI6	0.709			
Spiritual	LS2	0.910	0.835	0.901	0.752
	LS3	0.885			
	LS4	0.800			
Health Equity	LHE2	0.815	0.874	0.908	0.666
	LHE3	0.873			
	LHE5	0.719			
	LHE6	0.881			
	LHE8	0.781			

Table 4. *Measurement model for administration staff*

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Interpersonal talent	AI2	0.937	0.474	0.768.	0.623
	AI4	0.623			
Spiritual	AS2	0.573	0.477	0.756	0.623
	AS4	0.958			
Health Equity	AHE4	0.605	0.808	0.877	0.646
	AHE5	0.900			
	AHE6	0.950			
	AHE8	0.749			

Table 5. *Measurement model for students*

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Interpersonal talent	SI1	0.630	0.844	0.884	0.562
	SI2	0.692			
	SI3	0.722			
	SI4	0.828			
	SI5	0.824			
	SI6	0.781			
Spiritual	SS1	0.787	0.825	0.873	0.582
	SS2	0.859			
	SS3	0.785			
	SS4	0.660			
	SS5	0.708			
Health Equity	SHE2	0.712	0.908	0.929	0.689

SHE3	0.839
SHE4	0.863
SHE5	0.916
SHE6	0.934
SHE8	0.684

The "Fornell-Lark criterion" is used to assess the validity of the differentiator. Table 6 shows the results of discriminant validity. The correlation for each variable is less than the square sum of the average variance extracted from the indicator that assesses the variable, indicating strong discriminative validity. Ultimately, the measurement model reveals acceptable validity in both directions (Chin, 2010; Hair et al., 2019).

Table 6. *Lecturers' construct discriminant validity (Fornell and Larcker criterion)*

		HE	I	S
Lecturer's	Health equity	0.816		
	Interpersonal talent	0.658	0.795	
	Spiritual	0.501	0.684	0.867
Administrative staffs'	Health equity	0.804		
	Interpersonal talent	0.473	0.796	
	Spiritual	0.494	0.078	0.789
Students'	Health equity	0.830		
	Interpersonal talent	0.485	0.750	
	Spiritual	0.485	0.746	0.763

Reflective indicator loadings

The load of reflective indicators on all six variables is determined using PLS-SEM. As a consequence of the procedure, most of the items among all variables matched the suggested loading criteria (⩾.708) (Hair et al., 2021), which were performed in Figures 2, 3, and 4 and Tables 3, 4, and 5. However, the values of LS1, LS5, LHE1, and LHE7, AS1, AS3, AS5, AI1, AI3, AI5, and AI6 were found to have a loading value of less than 0.708; thus, they are removed due to their low loading. However, a loading factor value greater than 0.5 is still appropriate in empirical studies. As a result, the loading factor value 0.5 must be eliminated from the model (Purwanto & Sudargini, 2021).

Convergent and discriminant validity

Average Variance Extracted (AVE) determines convergent validity (Hair et al., 2021). It is recommended that the AVE value be greater than 0.500, which informs 50% or more of the variance of the variable item. The researchers also used the PLS-SEM technique in SmartPLS 3.3.3 to obtain AVE values. All variable AVE values exceed 0.500 (Tables 3,4,5). Hair et al. (2019) and Hair et al. (2021) stated that discriminant validity is the extent to which a variable differs experimentally from other factors in a structural model. The number of variances of a variable should not vary more than its AVE (Fornell & Larcker, 1981). Tables

3, 4, and 5 reveal that the AVE of all variables in this research is more than the total variation. Discriminant validity arises when the loading value of a variable is greater than the cross-loading value of all other factors. Each variable is greater than the cross-loading value for the other variable (see Tables 3, 4, and 5). The validity of the differentiator is determined using the Fornell-Larcker criteria and cross-loading values.

Structural model

Collinearity is calculated before the calculation of the structural model. The path coefficient (β), t-value, and p-value are presented for the structural model. According to Hair et al. (2019), measurement coefficient (R2), effect size (f2), and predictive relevance (Q2) were all examined.

Collinearity

Variance inflation factor (VIF) is used to assess collinearity. The level of collinearity increases as the VIF value increases. A value (> 5) indicates the variable has a collinearity problem. Each VIF value is less than 5. As a result, collinearity was not a concern in this research.

Structural model relationship

A bootstrapping procedure was applied with 3,000 sub-samples to determine the significance of the link. Most variables are firmly connected at a significant level of 5%. The strongest correlation of the staff occurred on hypotheses (H1) and (H2) between LI and LHE (β=0.478; t=1.93). Moreover, LS LHE (β = 0.115; t = 0.321), AI AHE (β = 0.120; t = 0.538), AS AHE (β = 0.437, t = 0.1781), and SS SHE (β = 0.070; t = 0.349) were positive but not significantly connected tree paths. However, the other negative pathway was not significantly related: SI SHE (β = -0.094; t = 0.441). The bootstrap results are depicted in Table 7 and Figures 2, 3, and 4.

Table 7. *Path coefficient*

Hypotheses	Path	β	SD *[δ]*	*t*-statistic	*p*-value	Significance
Hypothesis 1	LI → LHE					Positive, accepted
	AI → AHE					Positive, not accepted
	SI → SHE					Negative, not accepted
Hypothesis 2	LS → LHE					Positive, accepted
	AS → AHE					Positive, not accepted
	SS → SHE					Positive, not accepted

The determining coefficient (R^2)

R2 is the value required to calculate accuracy. R2 explains the variance of the dependent variables, and the model's explanatory power is measured according to Hair et al. (2019) 2 values range

from 0 to 1, with larger numbers indicating better prediction accuracy (0.750 = significant, 0.500 = moderate, and 0.250 = weak) (Hair et al., 2019). Table 8 shows the high level of R2. Lecturer Health Equity is medium (0.476). The highest R2 is AHE (0.754), while the weakest is SHE (0.383).

Table 8. *Coefficient of determination (R^2)*

	R^2	Consideration
Lecturers' health equity	0.476	Moderate
Administration staffs' health equity	0.754	Substantial
Students' eealth equity	0.383	Weak

F^2 effect size

The effect size (F^2) assesses the impact of the driving variable on the endogenous variable f2 evaluates the modification of the R2 value when endogenous variables are excluded from the model Jacob Cohen, assessing the actual influence of endogenous variables on exogenous variables (0.020 = low, 0.150 = medium, 0.350 = large) (Hair et al., 2019). Table 9 shows effect size (F^2). One driver has a medium, while one (AS AHE) significantly affects endogenous variables. The other four are for lecturers of LS LHE, AI AHE, and all students of f2 effect size) and have minor effects (Table 10).

Table 9. *F^2 effect size*

		f	Effect size
Lecturers	LI → LHE	0.115	Medium
	LS → LHE	0.011	Small
Administration staffs	AI → AHE	0.020	Small
	AS → AHE	0.764	Large
Students	SI → SHE	0.004	Small
	SS → SHE	0.003	Small

Assessing predictive relevance, Q^2

The researchers evaluated the model's predictability (Q2) (Shmueli et al., 2011). When modeling provides an acceptable Q2 value, the prediction for the indicator point is correct (Hair et al., 2019). The value of Q2 (> 0) indicates that the model's predictive significance for the variable was achieved (0.020 = small; 0.150 = medium; 0.350 = high) (Hair et al., 2019). To determine the Q2 value of the dependent variable, we then use the Smart-PLS tool and close its own eyes. Table 10 shows the Q2 values for the variables, all greater than zero. The findings confirm the model's predictive relevance for all dependent variables is confirmed.

Table 10. *Assessing predicted relevance, Q^2*

	SSO	SSE	Q^2 (1-SSE-SSO)	Predictive relevance
LHE	305.000	305.000	0.262	Medium
LI	366.000	366.000		
LS	183.000	183.000		
AHE	116.000	72.876	0.372	Large
AI	58.000	58.000		
AS	58.000	58.000		
SHE	324.000	248.110	0.234	Medium
SI	324.000	324.000		
SS	270.000	270.000		

Figure 2. *Lecturers' path-testing model*

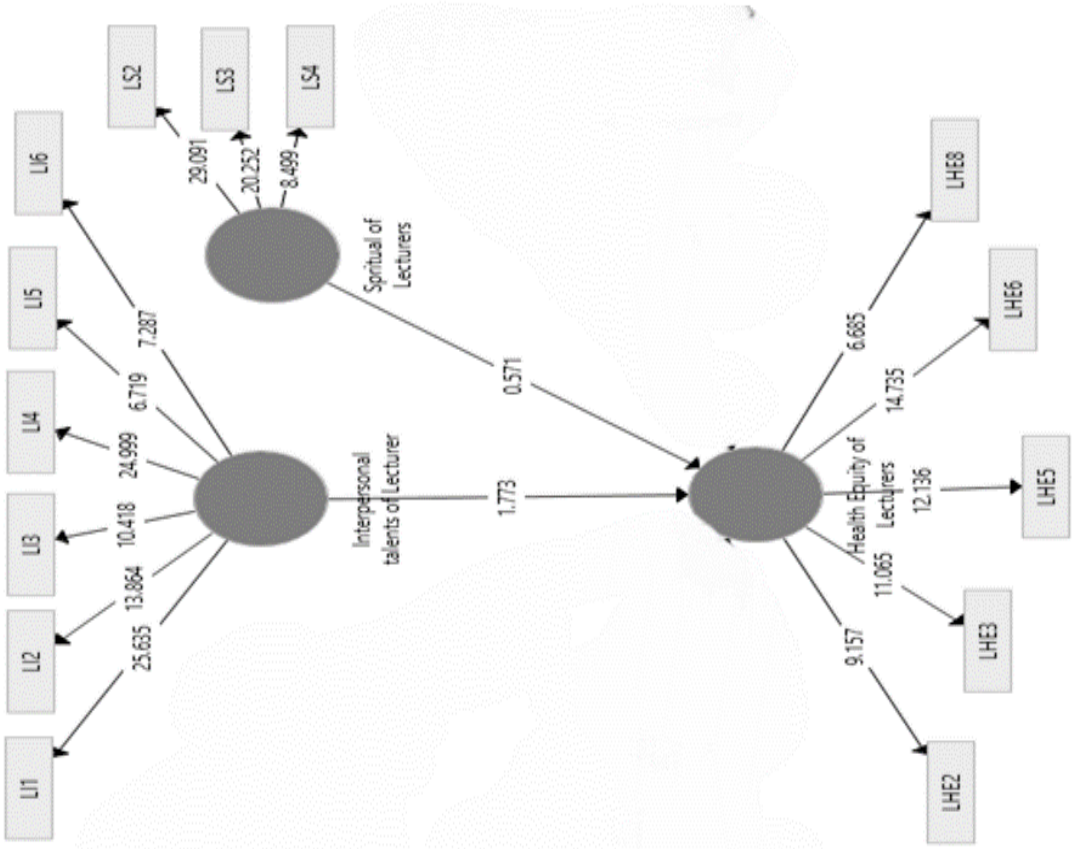


Figure 3. *Staffs' path-testing model*

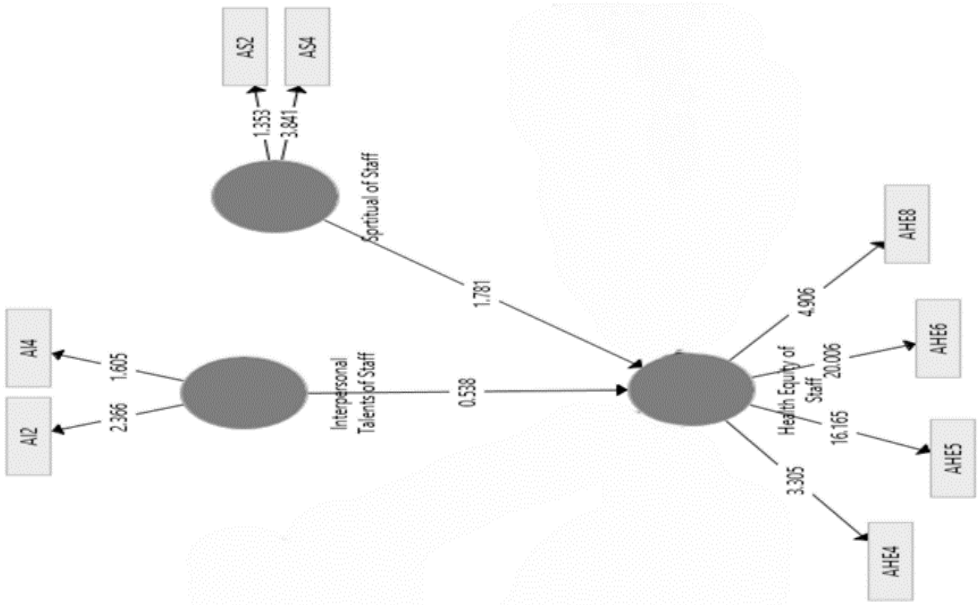
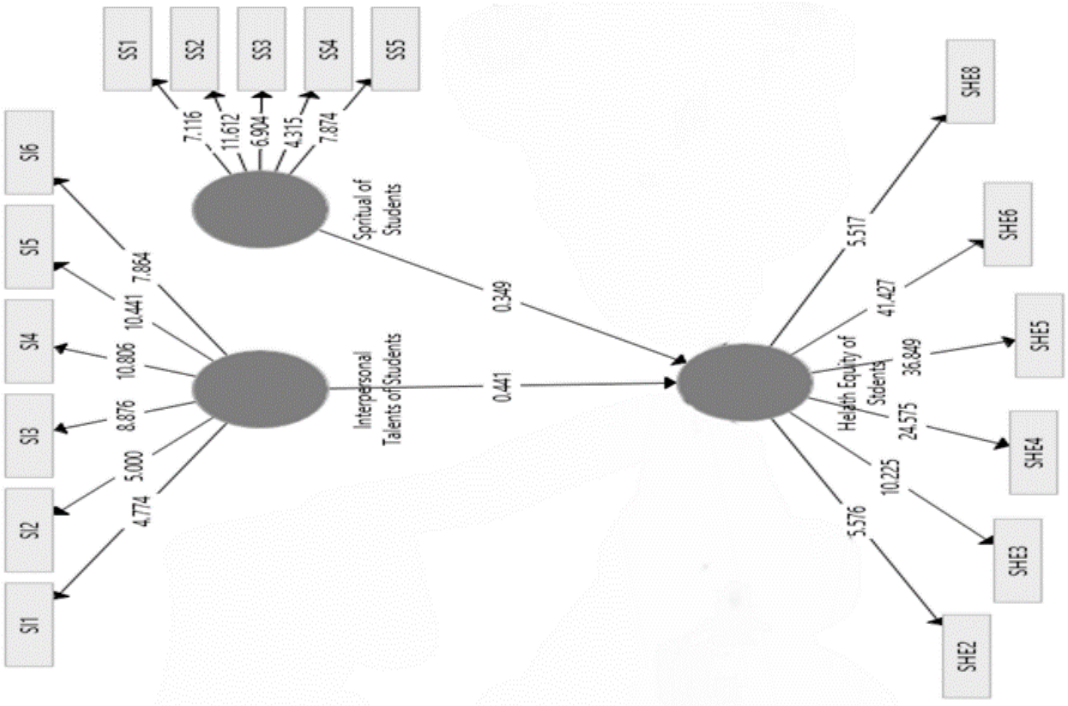


Figure 4. *Students' path-testing model*



Discussion

The research investigated two exogenous variables about a single endogenous outcome—health equity. Exogenous variables are related to educational relationship factors: (1) the influence of interpersonal talents on health equity and (2) the direct effect of spirituality on health equity. These findings show that lecturers' interpersonal and spiritual abilities consistently positively and statistically significantly impact health equity.

In some cases, interpersonal talents can be related to promoting health equity by building trust, promoting cultural competence, providing patient-centered care, and engaging with society. By developing strong interpersonal skills, healthcare providers can work to ensure that all individuals have access to fair and high-quality healthcare. According to Patrick et al. (2006), gaps in oral health occur due to direct or interpersonal factors (e.g., negative stress, social integration, transmission of infections). In another case, Zhao et al. (2021) stated that completely unbalanced interpersonal injustices (work atmosphere features) can generate stress (work events), which causes workers to feel emotionally drained (emotional attachment), prompting them to hide information when challenged with the demands (behavior) of others. Related to the research findings, Cao (2022) showed a significant relationship between injustice at the organizational and interpersonal levels, found significant associations, and gave similar results, showing a strong relationship between interpersonal injustice and knowledge concealment factors. Cao's results support current research that interpersonal talent positively and significantly affects health equity. However, two of the three among Hypothesis 1 are unrelated and insignificant (AI □ AHE and SI □ SHE).

Previous studies have found that religious and spiritual practices can be linked to health. The fifth hypothesis of the current study finds that all the variables LS□ LHE are significant, but AS□ AHE, and SS□ SHE are not significant. However, the three variables are positively correlated. This is related to Cragun et al. (2016), who found that religiosity, defined as beliefs and encounters with the extraordinary, has no direct or indirect influence on physical, mental, or social health. However, spirituality is important in promoting health equity by providing coping mechanisms, social support, a sense of altruism, and recognition of mind-body connections. By promoting spirituality and its associated benefits, healthcare providers and organizations can work toward more equitable health outcomes for all individuals. Holt et al. (2014) stated that people who are religiously involved tend to have good health outcomes is. According to their findings, the effects of religion perceived as a threat to health behaviors moderated the relationship between religious beliefs and attitudes and higher fruit intake and lower alcohol and smoking use (Holt et al., 2014). This aligns with Ahmed et al. (2019). It includes 316 usable surveys with 49.37% respondents, and their research adds to the current literature on spiritual beliefs, employee engagement, and Islamic Global Ethics. It is not subject to current research.

Conclusion and Recommendations

The results of this research indicate that the interpersonal and spiritual dimensions of lecturers contribute positively and significantly to the variables studied, thereby strengthening

the position of lecturers as the leading actors in forming social relationships and the internalization of spiritual values in the educational environment. On the other hand, although the tendency of interpersonal and spiritual influences on staff points in a positive direction, the results do not reach statistical significance. As for students' interpersonal and spiritual aspects, they have negative and insignificant influences. Therefore, the meaningful influence of the interpersonal and spiritual dimensions has consistently been identified only in the faculty group. Meanwhile, contributions from staff and students have not shown an empirically significant impact.

This research contribution affirms the central role of lecturers in shaping the social climate and spiritual values in universities. It provides empirical evidence that the influence of interpersonal and spiritual values is more substantial on lecturers than on staff and students. Implications Educational institutions need to strengthen lecturers' interpersonal and spiritual capacity through professional training. Policymakers need to design specific strategies to develop the role of lecturers as agents of change while evaluating approaches to staff and students. Researchers can then explore barriers to internalizing values in staff and students and develop a more appropriate approach for all three groups.

References

Abdillah, N., Fitri, S., & Wahyuni, E. (2022). Gambaran tingkat mikroagresi pada siswa penghayat kepercayaan (Overview of microaggression levels in students who believe in religious beliefs). Jurnal Konseling dan Pendidikan, 10(2), 233–240.

Ahmed, A., Arshad, M. A., Mahmood, A., & Akhtar, S. (2019). The influence of spiritual values on employee's helping behavior: The moderating role of Islamic work ethic. Journal of Management, Spirituality & Religion, 16(1), 29–45.

Ahmed, S., & Masud, M, M. (2014). Measure service quality of a higher educational institute towards student satisfaction. American Journal of Educational Research, 2(7), 447–455.

Asbari, M., & Nurhayati, W. (2024). Outcomes-based education in Indonesian higher education: Empowering students' learning competencies. International Journal of Social and Management Studies, 5(5), 1- 6.

Azizah, M., & Mahfud, M., & Basit, A. (2022). The contribution of Sharia regional regulations policy in Indonesian legal system as an alternative for character building in the community. International Journal of Social Science, 1(5), 829–838.

Cao, Y. (2022). Effect of interpersonal injustice on knowledge hiding behavior: Moderating role of high-performance work stress. Frontiers in Psychology, 13, 1–14.

Chin, W. W. (2010). Handbook of partial least squares. Springer.

Cohen, J. (2013). Statistical power analysis for the behavioral sciences. Routledge.

Colman, A. M., Norris, C. E., & Preston, C. C. (1997). Comparing rating scales of different lengths: Equivalence of scores from 5-point and 7-point scales. Psychological Reports, 80(2), 355–362.

Cragun, R. T., Cragun, D., Sumerau, J. E., & Nowakowski, A. C. H. (2016). Do religiosity and spirituality really matter for social, mental, and physical health? A tale of two samples. Sociological Spectrum, 36(5), 321–340.

Dash, G., & Paul, J. (2021). CB-SEM vs PLS-SEM methods for research in social sciences and technology forecasting. Technological Forecasting and Social Change, 173.

Erdfelder, E., Faul, F., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. Behavior Research Methods, 41(4), 1149–1160.

Fadil, M. I., & Fuady, M. N. (2024). Pendidikan Islam di era Society 5.0: Dasar dan tujuan yang relevan perspektif Al-Quran dan Hadis (The relevant basis and objectives of the perspective of the Qur'an and Hadith). Qaf: Jurnal Ilmu Al Qur'an dan Tafsir, 6(1), 79–102.

Fitri, D. Y., Indawati, E., Suliati, S., Rusli, A., & Murtiani, F. (2023). Pengaruh tingkat spiritualitas terhadap kualitas hidup pasien HIV/AIDS (The influence of spirituality level on the quality of life of HIV/AIDS patients). Jurnal Ilmu Kesehatan Masyarakat, 19(3), 180–186.

Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. Journal of Marketing Research, 18(1), 39–50.

Hahn, R. A., & Truman, B. I. (2015). Education improves public health and promotes health equity. International Journal of Health Services, 45(4), 657–678.

Hair Jr, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). Partial least squares structural equation modeling (PLS-SEM) using R: A workbook. Springer.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). Multivariate data analysis. Pearson.

Hair, J. F., Howard, M. C., & Nitzl, C. (2020). Assessing measurement model quality in PLS-SEM using confirmatory composite analysis. Journal of Business Research, 109, 101–110.

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2017). A primer on partial least squares structural equation modeling (PLS-SEM). Thousand Oaks.

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. European Business Review, 31(1), 2–24.

Hair, J. F., Sarstedt, M., Matthews, L. M., & Ringle, C. M. (2016). Identifying and treating unobserved heterogeneity with FIMIX-PLS: Part I – Method. European Business Review. 28(1), 63-76.

Hasanah, U., Hakim, I. U., Faddad, Z., & Zain, S. (2023). Islamic education in the Society 5.0 era: Lesson to learn. International Journal of Education & Curriculum Application, 6(1), 21–32.

Henseler, J., Ringle, C. M., & Sinkovics, R. R. (2009). The use of partial least squares path modeling in international marketing. Advances in International Marketing, 20, 277–319.

Holt, C. L., Clark, E. M., & Roth, D. L. (2014). Positive and negative religious beliefs explaining the religion–health connection among African Americans. The International Journal for the Psychology of Religion, 24(4), 311–331.

Khilmiyah, A. (2014). The measurement model of intrapersonal and interpersonal skills constructs based on character education in elementary schools. Computers in Human Behavior, 16(1), 89-130.

King, P. E. (2019). Religion and identity: The role of ideological, social, and spiritual contexts. Routledge.

Mansyur, S. A. (2023). The effect of trust, spirituality, and interpersonal communication on organizational citizenship behaviour certified lecturer. Al-Tanzim: Jurnal Manajemen Pendidikan Islam, 7(2), 463–477. https://doi.org/10.33650/al-tanzim.v7i1.3443

Menold, N., & Bogner, K. (2016). Design of rating scales in questionnaires. GESIS Survey Guidelines, 4, 2.

Nimas, C., & Indrawati, E. S. (2016). Hubungan antara konsep diri dengan kompetensi interpersonal pada siswa kelas x SMA Islam Sultan Agung I Semarang (The relationship between self-concept and interpersonal competence in class X students of SMA Islam Sultan Agung I Semarang). Jurnal Empati, 5(3), 435–438.

Nitzl, C. (2014). Partial least squares structural equation modelling (PLS-SEM) in management accounting research: Critical analysis, advances, and future directions. SSRN Electronic Journal.

Patrick, D. L., Shuk, R., Lee, Y., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. BMC Oral Health, 5, 1-17.

Purwanto, A., & Sudargini, Y. (2021). Partial least squares structural equation modeling (PLS-SEM) analysis for social and management research: A literature review. Journal of Industrial Engineering & Management Research, 2(4), 114–123.

Rahmawati, S. T., & Sartono, A. Z. (2021). Kecerdasan spiritual perspektif Al-Qur'an (Spiritual intelligence from the perspective of the Qur'an). Madani Institute, 1(3), 1-14.

Saleh, A. H., Rahma, R. A., Rahmanita, A. D., Oktavia, D. I. (2023). Peningkatan spiritualitas masyarakat melalui Kaifa Tushalli dengan pendekatan PAR di Desa Medowo (Improving community spirituality through Kaifa Tushalli with a PAR approach in Medowo Village). Jurnal Pengabdian Masyarakat Indonesia, 3(5), 745–752.

Shmueli, G., & Koppius, O. (2011). Predictive analytics in information systems research. MIS Quarterly, 35(3), 553–572. https://doi.org/10.2139/ssrn.1606674

Srinivasa Pai, P., & Upadhyaya, G. (2021). Effective implementation of outcome-based education: The role of faculty awareness. Indonesian Journal of Educational Research and Review, 4(2), 380–391.

Taherdoost, H. (2019). What is the best response scale for survey and questionnaire design; Review of different lengths of rating scale/attitude scale/Likert scale. International Journal of Academic Research in Management (IJARM), 8(1), 1–10.

Wallace, C., McCosker, A., Farmer, J., & White, C. (2021). Spanning communication boundaries to address health inequalities: The role of community connectors and social media. Journal of Applied Communication Research, 49(3), 1–19.

Zhao, H., & Jiang, J. (2021). Role stress, emotional exhaustion, and knowledge hiding: The joint moderating effects of network centrality and structural holes. Current Psychology, 41, 8829–8841.

Zovich, B., Block, S. J., Borondy-Jenkins, F., Moraras, K., Chen, T., Adedokun, R., & Hua, D. (2024). The role of culturally appropriate interpersonal communication strategies to reduce hepatitis B and liver cancer disparities. Frontiers in Public Health, 12, 1–11.

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