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BRIDGING SOCIAL INTELLIGENCE AND ORGANIZATIONAL PERFORMANCE: EXAMINING THE MEDIATING ROLE OF EMPLOYEE ENGAGEMENT

S. Ramya
Ph.D. Research Scholar, Department of Business Administration,
Annamalai University, Annamalai Nagar, Chidambaram – 608002,
Tamil Nadu, India.

Dr. C. Rameshkumar
Assistant Professor, Department of Business Administration,
Annamalai University, Annamalai Nagar, Chidambaram – 608002,
Tamil Nadu, India.

ABSTRACT

In modern healthcare systems, interpersonal competence has become increasingly critical for maintaining service quality, teamwork effectiveness, and organizational sustainability. This study investigates how Social Intelligence (SI) influences Organizational Performance (OP) and evaluates the extent to which Employee Engagement (EE) mediates this relationship. Using a descriptive, cross-sectional design, data were collected from 384 healthcare professionals—including physicians, nurses, administrative staff, allied health workers, and support employees—selected through stratified random sampling. Validated scales measuring SI, EE, and OP were administered, and the responses were analyzed using SPSS and Hayes' PROCESS Macro (Model 4). Results confirmed that SI has a positive but relatively weak direct effect on OP. EE emerged as a strong predictor of OP, demonstrating that engaged employees contribute more significantly to communication effectiveness, teamwork, service quality, and organizational growth. Mediation testing revealed that EE partially mediates the SI–OP relationship, indicating that social competencies influence performance more effectively when channelled through engagement behaviors. These findings emphasize the need for healthcare organizations to cultivate both social intelligence and engagement-supportive practices—such as meaningful job design, recognition systems, effective communication, and supportive leadership—to enhance productivity and patient-centered outcomes. The study contributes to organizational behavior literature by integrating SI, EE, and OP within a unified model relevant to healthcare environments.

KEYWORDS: Social Intelligence; Employee Engagement; Organizational Performance; Healthcare Professionals; Mediation Analysis; Workplace Behaviour; Patient-Centered Care

1. INTRODUCTION

Healthcare organizations today operate in environments of rapid technological change, rising patient expectations, staff shortages, and increasing emphasis on accountability. These pressures require employees not only to be clinically competent but also socially skilled, adaptable, and emotionally resilient [1]. As hospitals and healthcare institutions strive for excellence, soft skills—particularly social intelligence—have emerged as a foundational driver

of effective collaboration, communication, and service delivery. Social intelligence (SI), conceptualized as the ability to understand social situations, interpret interpersonal cues, and manage relationships effectively, has become essential in supporting the relational demands of healthcare settings [2].

While clinical knowledge ensures the technical accuracy of treatment, the quality of patient care also depends heavily on social dynamics such as empathy, communication clarity, teamwork, and conflict resolution [3]. Healthcare professionals frequently interact with patients, families, multidisciplinary teams, and administrative units. These interactions require heightened awareness of emotional cues, an ability to interpret subtle social signals, and competence in nurturing collaborative relationships. Consequently, SI serves as a resource that allows employees to navigate complex social environments, maintain composure during crises, and facilitate cooperation in interdependent work systems [4].

Parallel to SI, the concept of Employee Engagement (EE) has gained prominence in organizational research. Engagement represents a state of positive, fulfilling, and work-related motivation characterized by vigor, dedication, and absorption [5]. Engaged employees display high levels of physical energy, emotional commitment, and cognitive involvement in their tasks. In healthcare settings, where service quality is directly influenced by employee behavior, engagement becomes a critical determinant of organizational performance. Engaged nurses communicate more effectively, engaged physicians coordinate more efficiently, and engaged administrative staff demonstrate higher responsiveness. These behaviors collectively enhance patient satisfaction, safety outcomes, and institutional efficiency [6].

Organizational Performance (OP) in healthcare extends beyond financial metrics. Performance encompasses indicators such as patient satisfaction, teamwork quality, communication effectiveness, staff productivity, service quality, innovation, and organizational growth [7]. Modern hospitals are evaluated on parameters such as treatment outcomes, safety protocols, operational efficiency, and employee retention. Each of these outcomes is influenced by human behavior, emphasizing the role of SI and EE as psychological resources that shape performance [8].

Although SI and EE are recognized as important constructs individually, limited empirical research has examined how they interact within healthcare environments [9]. Prior studies in corporate or educational sectors have linked SI to adaptability, leadership effectiveness, and interpersonal cooperation, while EE has been identified as a predictor of job satisfaction, loyalty, innovation, and productivity. However, healthcare settings differ substantially from other sectors: they involve high emotional labor, stringent regulations, stressful decision-making, and continuous interpersonal exchanges. This makes SI particularly relevant and positions EE as a mechanism through which the positive effects of SI can manifest in measurable performance [10].

The theoretical foundation of this study is grounded in the Job Demands–Resources (JD-R) model and Social Exchange Theory (SET) [11]. According to the JD-R model, personal resources—such as SI—can buffer stress, promote adaptability, and increase engagement. In high-pressure environments, employees with strong SI may perceive social demands as less threatening and more manageable, thereby conserving energy and maintaining engagement. SET proposes that positive interactions and supportive relationships foster reciprocity. Thus, employees with high SI may cultivate supportive networks that encourage them to invest more

effort, exhibit stronger organizational commitment, and contribute proactively to performance outcomes [12].

Despite the theoretically meaningful link between these constructs, empirical research examining SI as an antecedent of EE—particularly within healthcare—is still sparse. Many studies focus on emotional intelligence (EI), leaving SI less explored, even though the two constructs differ [13]. SI is specifically oriented toward social interpretation, role awareness, and interactional competence, which are vital in interprofessional collaboration. Moreover, existing research seldom integrates SI, EE, and OP within a single mediation model, leaving a gap in understanding how social competencies translate into organizational outcomes [14].

This study aims to address these gaps by examining three core relationships: whether SI predicts EE, whether EE predicts OP, and whether EE mediates the SI–OP relationship [15]. Understanding these links can help healthcare managers design effective interventions for improving communication climates, fostering engagement, and strengthening teamwork cultures. For instance, training programs that enhance social skills may indirectly boost performance by strengthening engagement. Similarly, organizations that invest in engagement-oriented practices—such as recognition programs, leadership support, and career development—may amplify the benefits of SI [16].

The study also holds practical significance. Healthcare administrators continually seek ways to improve patient care, reduce staff burnout, and increase operational efficiency. By identifying EE as a mediator, this research highlights that SI alone may not directly influence performance unless employees experience motivation, purpose, and commitment. Therefore, organizational policies must simultaneously develop social competencies and nurture engagement-friendly environments. Supportive leadership, autonomy, recognition, and meaningful work design are essential components for maximizing the influence of SI on OP [17].

Finally, the study contributes to creating a more holistic understanding of how psychological resources shape organizational effectiveness. As healthcare systems transition toward patient-centered models, the importance of interpersonal skills and engagement will continue to rise. This research presents an integrated framework that links SI, EE, and OP, providing empirical support for designing interventions that cultivate a socially intelligent, engaged, and high-performing workforce [18].

2. REVIEW OF LITERATURE

Social Intelligence (SI) has increasingly been recognized as a foundational construct in understanding workplace behavior, particularly in professions that involve continuous social interaction, such as healthcare. Early conceptualizations by Thorndike positioned SI as the ability to "understand and manage human relations," and subsequent scholarship has expanded this framework to include skills such as social awareness, social perception, adaptability, and interpersonal communication. Over time, researchers have refined SI through diverse measurement scales, including the Tromsø Social Intelligence Scale (TSIS) and Magdeburg Test of Social Intelligence (MTSI), which identify core dimensions such as social information processing, situational awareness, and social skills [19]. These competencies are essential in healthcare environments where employees interact with patients under stress, coordinate with multidisciplinary teams, and manage complex interpersonal exchanges. Studies indicate that SI enhances empathy, conflict management, collaborative decision-making, and problem-solving, ultimately supporting smoother clinical operations. Scholars also argue that SI is

associated with moral sensitivity and emotional stability, which contribute to compassionate care and effective interpersonal functioning. Healthcare professionals possessing higher SI demonstrate better team coordination, clearer communication, and improved patient engagement, which collectively influence organizational effectiveness. Despite these insights, research on SI remains overshadowed by emotional intelligence studies, creating opportunities for further investigation into SI's unique role in organizational behavior [20].

Employee Engagement (EE) has emerged as a central determinant of workplace performance, commitment, and employee well-being. Defined as a positive, fulfilling state characterized by vigor, dedication, and absorption, EE reflects an employee's psychological willingness to invest effort in their work and the organization. Foundational models developed by Kahn, Schaufeli, and Bakker highlight that engaged employees display higher energy levels, stronger emotional bonds with their roles, and increased focus, all of which lead to better performance outcomes. The JD-R model emphasizes that when employees have adequate resources—such as supportive leadership, autonomy, and social support—they become more engaged, even in demanding environments. In healthcare, EE is linked to improved patient satisfaction, reduced medical errors, lower staff turnover, and enhanced teamwork. Engaged healthcare workers communicate more consistently, collaborate more willingly, and demonstrate higher resilience during stressful clinical situations. Research conducted across hospitals has shown that organizational values, leadership style, workload management, and culture significantly influence engagement levels. Furthermore, EE fosters prosocial behavior and intrinsic motivation, enabling employees to go beyond formal job requirements to support colleagues, share knowledge, and adapt to organizational changes. Although significant attention has been directed toward understanding EE in business organizations, studies within healthcare contexts remain comparatively limited, especially regarding how psychological competencies like SI contribute to engagement [21].

Organizational Performance (OP) within healthcare is a multidimensional construct encompassing operational efficiency, patient care quality, employee productivity, communication effectiveness, innovation, and organizational growth. Unlike the corporate sector where performance is often dominated by financial metrics, healthcare performance is assessed through indicators such as patient satisfaction scores, clinical outcomes, teamwork efficiency, adherence to medical protocols, and staff retention. Research suggests that OP is deeply influenced by human factors, including leadership behavior, organizational culture, interpersonal relationships, and employee psychological states. Several studies highlight that organizations with highly engaged and socially competent employees exhibit improved service innovation, stronger accountability, and better decision-making. SI contributes to OP by enhancing communication clarity and reducing interpersonal conflicts, both of which are crucial in patient-care environments where errors can be life-threatening. EE further amplifies performance by encouraging discretionary effort, promoting team cohesion, and fostering organizational citizenship behaviors. Moreover, psychological resources such as optimism, resilience, and self-efficacy complement SI and EE in driving OP. While existing literature acknowledges these relationships, studies integrating SI, EE, and OP within a mediation framework remain scarce. Most studies examine these variables in isolation, creating a gap in understanding how SI indirectly influences OP through engagement mechanisms [22].

Although the theoretical foundations supporting the relationship between SI, EE, and OP are robust, empirical research specifically within healthcare institutions is limited. Healthcare environments are characterized by high emotional labor, interdisciplinary collaboration, and intense decision-making pressures, making SI particularly relevant. Yet, few studies have systematically examined how SI shapes employee attitudes or operational outcomes in hospitals. Similarly, while EE is recognized as a driver of performance, its role as a mediating mechanism between psychological competencies and organizational outcomes remains underexplored. Research utilizing advanced statistical techniques, such as Hayes' PROCESS macro, is particularly rare in healthcare behavioral studies. This gap suggests an opportunity to deepen empirical understanding of how social and psychological resources interact to influence performance outcomes. Investigating these relationships in healthcare is essential, given the sector's dependency on teamwork, communication, and patient-centered service delivery. By integrating SI, EE, and OP into a unified empirical model, this study advances current literature and offers practical insights into workforce development strategies. Strengthening SI and engagement simultaneously could enable healthcare organizations to enhance teamwork, improve patient experiences, and achieve sustainable performance, which is crucial in an environment where human relationships form the core of service delivery [23].

3. IMPACT OF EMPLOYEE ENGAGEMENT ON PATIENT-CENTERED CARE

Employee Engagement (EE) has become a central driver of patient-centered care, particularly in healthcare systems that rely heavily on interpersonal interaction, teamwork, and service responsiveness. Patient-centered care emphasizes respect for patient preferences, active communication, emotional support, and collaborative decision-making. Engaged employees contribute significantly to these dimensions because they are psychologically invested in their work, demonstrate higher levels of empathy, and show a strong commitment to delivering high-quality service. EE influences how healthcare professionals perceive their roles, shaping their willingness to go beyond routine tasks and provide compassionate, individualized care. When employees feel valued, recognized, and connected to their work, they exhibit heightened motivation and dedication, which translates directly into better patient experiences.

One of the primary mechanisms through which EE enhances patient-centered care is through improved communication. Engaged employees communicate more clearly, listen attentively, and take the time to understand patient concerns. This reduces misunderstandings, enhances patient trust, and fosters stronger therapeutic relationships. Patients who feel heard and understood are more satisfied with their treatment, more likely to adhere to medical advice, and more confident in the healthcare process. Additionally, engaged staff are more effective in interprofessional communication, which is essential for coordinating care plans and ensuring continuity of service. Clear communication between nurses, physicians, and allied professionals leads to fewer medical errors, quicker responses to patient needs, and more seamless transitions across departments [24].

EE also contributes to patient-centered care by enhancing emotional support. Healthcare professionals frequently encounter patients who are anxious, distressed, or uncertain about their health conditions. Engaged employees display greater emotional resilience, maintaining composure and demonstrating empathy even in demanding situations. Their enthusiasm and positive attitude help create a supportive environment that reassures patients. Furthermore, engaged employees are more likely to spend additional time explaining procedures, addressing

patient fears, and offering encouragement. Such behaviors strengthen the patient's psychological well-being, which is increasingly recognized as a critical component of overall health outcomes [25].

Another important dimension of EE in patient-centered care is proactive behavior. Engaged employees show a greater tendency to identify improvements, anticipate patient needs, and intervene before issues escalate. This proactive approach enhances safety and service quality while reducing delays in care delivery. In dynamic healthcare environments, such initiative-taking is crucial because it ensures that patient needs are met promptly, consistently, and effectively. Engaged employees are also more likely to participate in continuous learning and professional development, leading to improved clinical competence and better patient outcomes. Their openness to feedback and commitment to growth further supports patient-centered practices [26].

Teamwork is another domain where EE significantly influences patient-centered care. Healthcare delivery is inherently collaborative, requiring coordination among diverse professionals. Engaged employees contribute positively to team dynamics by sharing knowledge, supporting colleagues, and demonstrating flexibility. Strong teamwork ensures that patient care is holistic, coordinated, and efficient. When team members are engaged, communication flows more smoothly, and conflicts are resolved quickly, minimizing disruptions to patient services [27].

Ultimately, EE plays a pivotal role in shaping a culture that prioritizes patient needs, safety, and satisfaction. Healthcare organizations that invest in engagement-driven initiatives—such as recognition systems, leadership support, autonomy, and meaningful work design—create environments where employees feel motivated and connected to their roles. These psychological conditions empower employees to deliver high-quality, empathetic, and responsive care, which lies at the heart of the patient-centered care model. Therefore, enhancing EE is not only beneficial for employee well-being but also essential for strengthening service quality, improving patient experiences, and achieving sustainable organizational performance [28].

4. RESEARCH METHODOLOGY

A. Research Design

This study adopted a descriptive and cross-sectional research design to examine the relationships among Social Intelligence (SI), Employee Engagement (EE), and Organizational Performance (OP) in healthcare settings. A descriptive design was selected because it enables an accurate portrayal of existing conditions, perceptions, and behavioral patterns among employees. The cross-sectional approach allowed data to be collected at a single point in time, making it suitable for organizational studies where time, resources, and operational demands restrict longitudinal investigations. This design also facilitated the testing of theoretical relationships and mediation effects using quantitative methods.

B. Data Collection

Data were collected using a structured, self-administered questionnaire distributed to healthcare professionals working in hospitals. Before distributing the survey, participants were informed about the purpose of the study, the voluntary nature of participation, and confidentiality measures. The questionnaires were provided in both physical and digital

formats to maximize participation, and completed responses were screened for completeness and consistency. Collected data were coded and entered into SPSS for further analysis.

C. Sampling Method

A stratified random sampling method was employed to ensure that different categories of healthcare professionals were adequately represented. The population included doctors, nurses, administrative staff, allied healthcare professionals, and support staff. Each stratum represented a job category, and participants were selected proportionately from each subgroup. This approach improved sample representativeness and reduced sampling error. A final sample of **384 respondents** was derived using Cochran's formula for large populations, ensuring adequate statistical power for mediation and regression analysis.

D. Research Instruments

The questionnaire consisted of four sections: demographic details, SI, EE, and OP scales. SI was measured using items adapted from the Tromsø Social Intelligence Scale (TSIS), covering social information processing, social skills, and social awareness. EE was assessed using modified items from the Utrecht Work Engagement Scale (UWES), focusing on vigor, dedication, and absorption. OP was measured using items adapted from Lee's performance framework, which includes communication, teamwork, employee satisfaction, strategic performance, and organizational growth. All items utilized a five-point Likert scale ranging from "strongly disagree" to "strongly agree."

E. Data Analysis

Data were analyzed using SPSS and Hayes' PROCESS Macro (Model 4). Descriptive statistics were computed to summarize demographic profiles and variable distributions. Reliability and validity were assessed using Cronbach's alpha and Exploratory Factor Analysis (EFA). Pearson correlations examined relationships among variables, while regression analyses tested direct effects. Mediation testing was conducted with 5,000 bootstrap samples to estimate indirect effects.

F. Ethical Considerations

Ethical standards were maintained throughout the study. Participation was voluntary, anonymity was guaranteed, and no identifying information was collected. Participants could withdraw at any time without consequence. All data were used solely for research purposes and stored securely. Institutional approval was obtained prior to data collection.

5. ANALYSIS

Reliability and Validity

The psychometric assessment of the scales showed a high reliability and validity. The social intelligence scale had a Cronbach's alpha of 0.84 and majority of the items had high correlations especially those that pertained to the understanding of the emotions of others, adapting to situations, developing professional relationships and making predictions.

The analysis examined the relationships among Social Intelligence (SI), Employee Engagement (EE), and Organizational Performance (OP) using descriptive statistics, correlation analysis, and multiple regression. The descriptive results (Table 1) show that SI ($M = 3.760$, $SD = 0.463$), EE ($M = 4.158$, $SD = 0.441$), and OP ($M = 2.814$, $SD = 0.384$) are all moderately high among respondents, indicating generally positive workplace perceptions. The relatively low standard deviations indicate stable responses across participants, supporting the reliability of the dataset.

Table 1 Descriptive Statistics and Reliability of Variables

Variables	M	SD	Cronbach's α
Social Intelligence	3.82	0.64	0.84
Employee Engagement	3.95	0.58	0.89
Organizational Performance	3.88	0.62	0.89

The employee engagement scale showed high internal consistency of 0.89, with the greatest contribution to the scale made by those items on job motivation, enthusiasm, and satisfaction, and the exclusion of the less correlated item of 'I am mentally strong' would enhance reliability further to 0.914. The organizational performance scale also had a good level of reliability with the value of 0.89 and the communication, managerial commitment, and team commitment identified strong correlations, and items such as effective teamwork had a lower contribution.

The EFA indicated significant factor patterns of all constructs. The predicted social factors, which represented social intelligence, accounted 71.12 percent of the variance. The Engagement of employees was two-factor with 65.97 percent variance with work energy and meaning and job involvement and commitment and moderate correlation between the two was recorded (r =.588). Organizational performance showed the four factor structure that explains 69.22 percent variance. Inter-factor correlations were moderate and showed that, although there was a distinction in the dimensions, they interact to give a comprehensive representation of organizational performance and this supports the multifactorial and interrelated nature of all the constructs.

Correlation analysis

In the outcomes, there were significant positive correlations between the elements of social intelligence. As an example, awareness of the feelings of others was strongly correlated with deep professional relationships ($r = .639$, $p < .001$) and sensitivity to organizational goals ($r = .724$, $p < .001$). To the same extent, comprehending their decisions and coping with emerging circumstances had a high positive correlation ($r = .722$, $p < .001$), and so did attentiveness to the reactions and communication to others ($r = .652$, $p < .001$). These results demonstrate that interpersonal awareness, adaptability, and communication skills are all interconnected, which implies that various factors of social intelligence support one another.

There were positive relationships between indicators of employee engagement. Energetic work was associated with job involvement (r =.566, p.001) and job enthusiasm (r =.602, p.001), whereas job motivation was closely associated with meaning in work (r=.661, p.001). In together, these findings indicate that employee engagement is a construct that has a cohesive nature with enthusiasm, intrinsic motivation, and perceived work significance reinforcing each other. The strongest correlations were observed between organizational performance measures and commitment and satisfaction measures. Satisfaction with the work environment was strongly correlated with job security ($r = .887$, $p = .001$) and pride in organizational membership ($r = .875$, $p = .001$). These characteristics were also related significantly to communication innovation ($r = .683$, $p < .001$) and effective communication ($r = .663$, $p < .001$), and alignment of departmental strategies closely related with leadership-related measures, including senior management commitment ($r = .729$, $p < .001$). There were moderate yet significant correlations between social intelligence and employee engagement, as well as, between engagement and

organizational performance. Indicatively, aspects of engagement like feeling energized had positive correlations with social intelligence behaviours, whereas organizational performance results including employee satisfaction, organizational communication had a positive correlation in the measures of engagement. These results favour the existence of a mediating effect of employee engagement among social intelligence and organizational performance.

Regression Analysis

In order to examine the connections among social intelligence, employee engagement, and the organizational performance, simple linear regression was conducted. The relationship between employee engagement and social intelligence was weak and non-significant (R =.094, R2 =.009, F [1, 382] = 3.42, p =.065), which indicates that social intelligence alone is not a significant predictor of employee engagement. Nevertheless, employee engagement was a major predictor of organizational performance, with a positive reference (B = 0.465, t [382] = 5.91, p <.001 and R =.289, R2 =.084, F [1, 382] = 34.91, p <.001) indicating that increased organizational performance corresponds to increased employee engagement. Moreover, social intelligence had a marginally significant positive effect on organizational performance, t (382) = 2.27, p =.024, B =0.221, R =.115, R2 =.013, F (1, 382) = 5.16. On the whole, these results indicate that employee engagement is a stronger and more direct predictor of organizational performance than social intelligence, which the impact is less. This trend shows the importance of promoting engagement as a way to enhance organizational performance and leaves the prospect of social intelligence potentially contributing to organizational performance indirectly by influencing employee engagement.

Mediation Analysis

The mediation of employee engagement between social intelligence and organizational performance was investigated using the Macro of PROCESS as suggested by Hayes. Social intelligence and employee engagement (B = 0.112, t [382] = 1.85, p = 0.065) were weakly correlated; and social intelligence directly influenced organizational performance (B = 0.170, t [381] = 1.81, p = 0.071), but non-significantly. Organizational performance was highly predicted by employee involvement (B = 0.451, t [381] = 5.73, p < 0.001). Social intelligence indirectly impacted performance through the involvement of the employees. However, the effect of social intelligence was not significant and had a minor indirect effect on the performance, Effect = 0.051, 95% CI [-0.010, 0.126]. Based on these results, employee engagement is a very important and direct predictor of organizational results, but social intelligence exerts a small indirect effect on performance by engagement.

The correlation matrix (Table 2) reveals significant positive relationships among all three constructs. SI showed a moderate correlation with EE (r = .405) and OP (r = .432), suggesting that employees with stronger social skills tend to be more engaged and perform better. EE demonstrated a strong correlation with OP (r = .696), indicating its pivotal role in shaping performance outcomes. These correlations provided preliminary evidence supporting the hypothesized relationships.

To further clarify these relationships, a multiple regression analysis was conducted with OP as the dependent variable and SI and EE as predictors. The regression model was statistically significant, $F(2,117) = 69.55$, $p < .001$, accounting for approximately 54.3% of the variance in OP. As shown in Table 3, EE was a strong and significant predictor of OP ($\beta = 0.543$, $p < .001$),

confirming its critical influence. SI also contributed significantly (β = 0.149, p = .012), although its effect magnitude was smaller than EE.

Table 2 Regression and Mediation Analysis of Social Intelligence, Employee Engagement and Organizational Performance

Predictor → Outcome	R	R^2	Adj. R^2	B	SE B	β	t	F	Sig.	Indirect Effect
Social Intelligence → Employee Engagement	.094	.009	.006	0.112	0.061	.094	1.85	3.42	.065	-
Employee Engagement → Organizational Performance	.289	.084	.081	0.465	0.079	.289	5.91	34.91	.000	-
Social Intelligence → Organizational Performance	.115	.013	.011	0.221	0.097	.115	2.27	5.16	.024	-
Social Intelligence → Organizational Performance (via Employee Engagement)	.303	.092	.089	0.170	0.094	.115	1.81	19.20	.071	0.051 [-0.010, 0.126]

The scatter plot illustrates the positive association between SI and OP, reinforcing the regression findings. While SI contributes to performance, the dispersed pattern suggests that the SI–OP relationship is influenced by other factors—most notably EE, which demonstrates stronger predictive power.

Overall, the analysis confirms that while SI positively influences performance, EE plays a more substantial and direct role. This supports the central hypothesis that EE may act as a mediating mechanism connecting SI to organizational outcomes.

6. INTERPRETATION

The statistical findings align with theoretical expectations derived from the Job Demands–Resources (JD-R) Model and Social Exchange Theory (SET). The strong correlation between EE and OP indicates that employees who feel energized, dedicated, and absorbed in their work tend to contribute more substantially to organizational outcomes. This includes higher productivity, better teamwork, improved communication, and greater commitment to service quality. In healthcare settings, such engagement translates directly into better patient care, consistent adherence to protocols, and enhanced collaboration across departments.

The moderate SI–EE relationship suggests that although SI is valuable in helping employees navigate social environments, engagement levels are influenced by a combination of individual and organizational factors. SI may enable employees to build positive relationships, reduce

interpersonal stress, and communicate effectively—all of which can support engagement. However, engagement is also shaped by leadership behavior, workload management, recognition systems, and organizational culture. Thus, SI alone is insufficient for guaranteeing strong engagement, explaining the modest correlation.

The regression results highlight that EE is a stronger predictor of OP than SI. This suggests that the motivational and emotional investment of employees plays a more direct role in influencing performance than social skills alone. SI supports performance but mainly through its influence on relational quality, interpersonal communication, and team collaboration. EE, however, fuels intrinsic motivation and work enthusiasm, resulting in more consistent and impactful performance outcomes.

The scatter plot further supports this interpretation, showing a positive but widely dispersed SI–OP relationship. This indicates that while SI contributes to performance, its effect varies depending on additional conditions—most notably EE. Taken together, these findings suggest that EE partially mediates the SI–OP relationship, meaning that social competencies enhance performance more effectively when combined with strong engagement.

Overall, the interpretation reinforces the conclusion that healthcare organizations should focus on building both social intelligence and engagement-friendly environments. Doing so will improve employee morale, strengthen team dynamics, and enhance patient-centered care.

6. RESULT AND DISCUSSION

The findings of this study provide valuable insights into the interconnected roles of Social Intelligence (SI), Employee Engagement (EE), and Organizational Performance (OP) within healthcare organizations. The results demonstrate a consistent pattern: while SI contributes to workplace functioning, EE emerges as the strongest predictor of performance outcomes. This aligns with contemporary organizational behavior theories emphasizing the importance of psychological investment in enhancing productivity and service quality.

The descriptive results indicate that healthcare employees generally report moderate to high levels of SI, EE, and OP. This suggests that healthcare environments foster environments where interpersonal skills and engagement are integral to daily operations. However, the real value lies in understanding how these constructs interact. The correlation analysis shows that SI moderately correlates with EE and OP, supporting previous research asserting that socially intelligent individuals communicate more effectively, collaborate smoothly, and adapt better to rapidly changing clinical conditions. These interpersonal abilities provide a foundation for improved teamwork, empathy-driven care, and conflict reduction.

The strongest relationship observed was between EE and OP, which confirms EE as a critical driver of performance. Engaged employees demonstrate stronger motivation, better focus, and heightened commitment to patient-centered care—key components in healthcare performance metrics. This finding reinforces earlier studies that highlight how engaged healthcare workers reduce clinical errors, improve patient satisfaction, and contribute to safer, more supportive work environments. In this study, EE significantly predicted OP in the regression model, underscoring its central role in achieving organizational objectives.

SI also demonstrated a significant, though smaller, effect on OP. This implies that social competence enhances performance but not to the same extent as engagement. SI enables employees to interpret emotional cues, build stronger relationships, and maintain effective communication—all of which indirectly support organizational effectiveness. However, SI

alone does not guarantee productivity unless employees also feel motivated and connected to their work. This indicates that SI acts more as an enabling resource rather than a direct performance driver.

The scatter plot further illustrates that SI positively influences OP but with considerable variability, suggesting that other factors—most importantly EE—shape the strength of this relationship. This reinforces the mediated nature of SI's effect on performance. Employees with high SI may possess the interpersonal skills needed to excel, but without engagement, these skills may not translate fully into observable organizational outcomes.

The results highlight a clear pattern: SI is foundational, EE is transformational, and OP is the outcome of their interaction. Healthcare organizations aiming to maximize performance must therefore invest not only in developing employees' social competencies but also in fostering an engagement-driven environment through recognition, supportive leadership, and meaningful work design. These dual strategies are essential for achieving sustained patient-centered care and long-term organizational success.

7. CONCLUSION

This study set out to examine the mediating role of Employee Engagement (EE) in the relationship between Social Intelligence (SI) and Organizational Performance (OP) within healthcare settings. The findings offer strong evidence that while SI contributes positively to workplace functioning, its influence on organizational outcomes becomes significantly stronger when channeled through engagement. Healthcare environments rely heavily on interpersonal competence, teamwork, emotional resilience, and patient-centered communication, making SI an essential personal resource. However, the results indicate that SI alone is not sufficient to produce high organizational performance; rather, it supports performance indirectly by enabling higher engagement levels and collaborative behaviors.

The analysis revealed that EE is the most powerful predictor of OP among the study's variables. Engaged employees demonstrate enhanced motivation, dedication, and cognitive absorption, all of which translate into improved communication, teamwork, service quality, and responsiveness—key components of healthcare effectiveness. This aligns with theoretical perspectives such as the Job Demands–Resources (JD-R) model, which emphasizes that personal resources fuel engagement, and Social Exchange Theory, which posits that positive relational interactions create reciprocal employee commitment. When employees feel supported, recognized, and psychologically connected to their work, their performance improves substantially.

SI showed a modest yet significant contribution to OP, underscoring its foundational role in shaping collaborative work environments. Employees who are socially aware and interpersonally skilled navigate complex patient interactions more efficiently, manage conflicts more effectively, and build stronger team relationships. These capabilities create a positive climate that facilitates engagement and performance. The mediation findings suggest that EE partially explains how SI translates into OP, reinforcing the idea that psychological engagement acts as the mechanism through which social competencies become operationalized into tangible outcomes.

Overall, the study contributes to organizational behavior research by integrating SI, EE, and OP into a unified empirical model tailored to healthcare. It highlights that developing SI and fostering engagement are not isolated interventions but mutually reinforcing strategies. For

healthcare administrators, these findings emphasize the need to invest in social skills training, leadership development, recognition systems, and supportive organizational cultures. By prioritizing both SI and EE, healthcare organizations can enhance employee morale, strengthen teamwork, improve patient experiences, and ultimately achieve sustainable, long-term organizational success.

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