The Mediating Role of Collective Efficacy in the Influence of Social Intelligence and Emotional Intelligence on Service Provider's Performance at RSUD dr. Soeselo Slawi, Tegal Regency

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Abstract. This study examines the influence of social intelligence, emotional intelligence, and collective efficacy on service performance, with a focus on the mediating role of collective efficacy. Conducted at Regional Public Hospital (RSUD) Dr. Soeselo in Tegal Regency, the research involved 100 medical and non-medical staff selected through purposive sampling. Using Partial Least Squares Structural Equation Modeling (PLS-SEM), the findings reveal that social intelligence, emotional intelligence, and collective efficacy each have a significant and positive effect on service provider performance. Furthermore, social and emotional intelligence positively influence collective efficacy, which in turn mediates their impact on service provider performance. These results underscore the importance of integrating individual psychological competencies with team-based confidence to enhance service delivery. The study contributes to the literature by offering an integrated framework linking emotional and social intelligence to performance outcomes through the lens of collective efficacy and provides practical implications for hospital management seeking to improve service quality through human capital development.

Keywords: social intelligence, emotional intelligence, collective efficacy, service provider's performance, hospital services

1 Introduction

Hospitals are public service institutions that provide health care services. According to Law No. 44 of 2009, a hospital is a healthcare facility that delivers comprehensive health services, including inpatient, outpatient, and emergency care. Hospitals are responsible for delivering health services to the public, encompassing diagnosis, treatment, and medical care. As part of public service, hospitals are obligated to provide high-quality services that meet the health needs of the community.

Quality health services are essential to improving the overall health and well-being of society. This can be achieved through collaboration among government institutions, healthcare providers, medical personnel, and the community in building an effective, efficient, and responsive healthcare system. Service quality is a critical factor in determining public satisfaction, thereby requiring effective efforts to enhance hospital performance.

High-quality services require strong performance from human resources [1]. Performance is a measure of success referring to the extent to which healthcare services meet established goals and standards. This includes various aspects reflecting the effectiveness, efficiency, and quality of

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services provided by the healthcare system. Common indicators used to assess healthcare performance include accessibility, safety, effectiveness, efficiency, patient satisfaction, equity, and continuity of care. These aspects are included in various government regulations and policies used to measure performance across sectors, including healthcare services [2]. Service performance refers to the use of technical skills and knowledge to produce goods or services through the core processes of the organization in completing specific tasks. It reflects employee output in performing duties, represented in the form of goods and services delivered to customers. In addition, service performance also indicates the extent to which service providers fulfil their job responsibilities.

Social intelligence is defined as the ability to understand others' emotions and to act in accordance with the rules, values, and social norms that apply in a given situation. Social intelligence is more closely related to the ability to influence others than to cognitive aspects. Social intelligence is expected to create a collaborative culture within organizations, which in turn yields positive impacts and encourages innovative behaviour among service providers. Social intelligence is considered a crucial factor in job performance. Organizations with a high level of social intelligence tend to demonstrate better performance, and employees with high social intelligence achieve more optimal performance [3].

Several researchers view social intelligence as a trainable competency that can enhance creativity and employee performance. Moreover, organizations with higher levels of social intelligence tend to experience increased creativity and collaboration, which positively affect performance. Many studies have also linked social intelligence to increased productivity. Social intelligence a key element of organizational success. Social intelligence creates a creative work environment by promoting the quality of daily interactions, thereby fostering creative performance in daily work life [4].

Emotional intelligence as a component of social intelligence that involves an individual's ability to monitor social feelings and the emotions of others, filter such information, and use it to guide their thinking processes [5]. The study conducted by [3] shows that emotional intelligence significantly impacts service provider’s performance. Individuals with high emotional intelligence are better able to recognize their own emotions compared to most people. They are also more sensitive to the emotions of others, thus capable of using emotional information as motivation to achieve high performance both at work and in personal life.

Collective efficacy has a positive impact on individual performance. Meta-analytic findings show a strong link between collective efficacy and performance. Collective efficacy is measured as a shared perception of a group's capability to accomplish specific tasks, or related to the group’s general competence. [6] identified a correlation between collective efficacy and performance, with findings indicating a positive association. Collective efficacy is more relevant to team performance than individual-level performance. It has increasingly attracted the attention of researchers and practitioners due to its association with various positive outcomes in organizational settings [3]

Some scholars suggest a relationship between social intelligence and the social and cognitive dimensions of self-efficacy. [7] found that self-efficacy positively correlates with empathic attitudes. Cognitive empathy has a positive effect on collective efficacy [8]. RSUD Dr. Soeselo Tegal Regency, as a public healthcare institution under the local government, is responsible for fulfilling the mandatory function of health services by expanding access to healthcare for the public. The hospital director is tasked with assisting the Regent in administering local government duties in the hospital sector based on the principles of autonomy and co-administration. The heavy responsibilities carried by RSUD are closely tied to demands for quality service performance. However, current service performance is still considered suboptimal, as reflected in the hospital's annual performance reports and service satisfaction scores.

Table 1. RSUD Slawi Health Service Satisfaction Index (IKM) for 2020–2022

Main Indicator	Year 2020	Year 2021	Year 2022
Target	100	83	85
Achievement	70.67	76.70	77.08
Percentage	70.67%	92.41%	90.68%

Source**:** Government Institution Performance Accountability Report/LKJIP, 2023

Based on Table 1 above, it is evident that the realization of the RSUD Service Satisfaction Index (IKM) did not meet the predetermined targets during the 2020–2022 period. Although there was an upward trend in the satisfaction index from 70.67 in 2020 to 77.08 in 2022, the hospital's performance still fell short of the targets set each year. This indicates that the service performance at RSUD Dr. Soeselo remains suboptimal. The gap between the target and actual achievement shows the need for improvements in various aspects of service delivery. The insufficient satisfaction index highlights the importance of enhancing the hospital's service quality, particularly in responsiveness, communication, empathy, and the efficiency of medical and non-medical personnel in meeting patient needs. Improving these areas could lead to better patient experiences and help the hospital meet or exceed its performance targets in the future

2 Literature Review

2.1 Social Cognitive Theory (SCT)

This reciprocal causation model states that internal personal factors such as cognitive, affective, and biological events, behavioral patterns, and environmental influences interact bidirectionally. The Social Cognitive Theory (SCT) defines human behavior as the result of dynamic and reciprocal interactions between personal factors, behavior, and environment [9]. Individual behavioral interaction shapes cognitive processes that are influenced by self-efficacy perceptions and expected outcomes [9]. Both personal and collective efficacy can be understood through SCT, which evaluates the extent to which personal and collective interactions align with the values and goals of a social system. Collective efficacy reflects a group's belief in its capability. According to social impact theory, beliefs can shift when the majority of a group possesses the power to influence those beliefs [3].

2.2 Social Intelligence

Social intelligence is expected to foster a collaborative culture within organizations, which in turn generates positive effects and encourages innovative behavior among service providers. It involves the ability to understand others' emotions and act appropriately by considering the rules, values, and social norms within a particular context. [10] categorized intelligence into three types creative, analytical, and practical with social intelligence being a practical aspect essential for workplace success. It also includes the ability to build relationships, intrapersonal knowledge, assessment of others' feelings, temperament, and motivation, as well as the ability to function socially with empathy and interpret nonverbal cues [3]

Another definition of social intelligence emphasizes the ability to comprehend relevant social contexts, effectively manage situational challenges, understand others' emotional states and concerns, build and maintain positive relationships, and behave appropriately in social interactions [11]. Social intelligence includes the ability to establish and maintain positive

relationships, act appropriately in interpersonal interactions, resolve conflicts without demeaning coworkers, and negotiate and manage conflict with diplomacy and tact. [11] further stated that situational awareness and response are primary skills required for career success, while cognitive empathy and social skills are secondary abilities that help individuals stay attuned to various situational social contexts, thereby enhancing their situational response competency. In this paper, the construct of social intelligence will be operationalized according to four dimensions: situational awareness, situational response, cognitive empathy, and social skills.

2.3 Emotional Intelligence

Emotional intelligence is defined as the ability to recognize one's own emotions and those of others [12]. Employees with emotional intelligence are able to regulate their emotions in various situations. They can restrain anger at work, remain professional without mixing personal issues with job responsibilities, and build positive social relationships evidenced by constructive interactions with supervisors, coworkers, and other members of the workplace or community. One of the key factors that improves individual performance is human capital itself. Thus, enhancing employee performance requires a focus on emotional quality, including empathy, the ability to express and understand emotions, anger management, independence, adaptability, conflict resolution skills, perseverance, solidarity, friendliness, and respect.

According to [13], emotional intelligence refers to one's ability to perceive and understand emotions, encompassing both biological and psychological conditions as well as behavioral tendencies. It is measured by five indicators: (a) Self-awareness – recognizing one's current emotions; (b). Self-regulation – managing feelings for balanced expression; (c). Self-motivation – maintaining positive motivation and delaying gratification; (d). Empathy – recognizing and caring about others' emotions; €. Social skills – maintaining relationships to support popularity, leadership, and success in social interactions.

2.4 Collective Efficacy

Although rooted in the concept of self-efficacy, collective efficacy is theoretically distinct and has different implications for group performance [3]. While self-efficacy refers to an individual's belief in their own ability, collective efficacy refers to the group's shared perception of their overall capability. According to [14], both personal and collective efficacy can be better understood through the Social Cognitive Theory (SCT), emphasizing how personal and group interactions align with the values and goals within a social system. Collective efficacy represents the group's belief in its capabilities. Social impact theory suggests that collective beliefs are likely to change when a majority within the group possesses the capacity to influence those beliefs. Thus, training a large portion of group members is likely to enhance collective efficacy. Collective efficacy is defined as a shared belief within a group regarding its capability to organize and execute a series of actions required to achieve specific goals. This concept resembles group potential, though according to[3], group potential refers to a general belief in a team's capabilities across diverse tasks and settings, while collective efficacy specifically relates to a group's belief in its ability to accomplish particular tasks within a given context.

As a group-level construct, collective efficacy assumes that individual perceptions can be aggregated into a higher-order construct represented by a perceptual consensus. This means it is essential that group members share a similar perception of their team or their individual role within the team. While SCT often emphasizes mechanisms at the individual level, such as self-efficacy, it also considers how people work together in teams and other social units. For instance, collective efficacy as the group-level counterpart to self-efficacy is a key component in SCT that explains how effectively or ineffectively groups collaborate [15]

Collective efficacy is the group's shared belief in its capacity to organize and execute actions toward achieving certain goals. Such collective belief is critical in addressing shared societal challenges such as climate change. Collective achievements result from a social system involving members' shared intentions, knowledge, and skills, as well as the dynamics of interaction, coordination, and synergy. Perceived collective efficacy is a group-level emergent characteristic that goes beyond individual efforts, requiring a focus on shared rather than personal resources [15]. Service Performance

Service performance, particularly employee performance in this context, is a critical factor for organizational sustainability in highly competitive environments [16]. Service performance plays a pivotal role in organizational success through service delivery and customer support. It refers to how employees behave in serving and assisting their clients. The concept reflects the extent to which one can utilize their potential, knowledge, skills, and capabilities to achieve organizational objectives or expectations.

Service performance is defined as the task-related actions expected of an employee and how those actions are executed [17]. It can be conceptualized in two dimensions: in-role performance and extra-role (contextual) performance. In-role performance includes tasks described in job descriptions, while extra-role performance involves voluntary behaviors beyond formal duties. Some primary in-role responsibilities include acquiring complete service information, accurately displaying products, and managing client orders [18]. In-role performance encompasses formally designated duties outlined in work contracts and reflects the employee's formal organizational role. Service provider performance involves applying technical skills and knowledge to produce goods or services through the organization's core technical processes in completing specific tasks. It depends on one's capacity, opportunity, and motivation to carry out responsibilities. This performance reflects the employee's output in performing their duties—both in goods and services delivered to customers—and indicates how well service providers fulfill their responsibilities. Service providers become more motivated and perform better when they perceive their work as meaningful and are capable of fulfilling their responsibilities. This, in turn, positively impacts customers. High service performance reflects high-quality task execution that enhances customer satisfaction.

2.5 Hypothesis Development

Social Intelligence and Service Performance

Social intelligence comprises four dimensions: situational awareness, situational response, cognitive empathy, and social skills. First, the theoretical foundation for situational awareness is rooted in the situational awareness theory [19]. Situational

awareness reflects an employee's ability to gather information to diagnose and formulate customer problems. Social intelligence is viewed as a trainable competence that can enhance creativity and employee performance. Organizations with high levels of social intelligence support creativity and collaboration, positively impacting performance. Previous studies have often linked social intelligence to increased productivity. [4] argued that social intelligence is central to organizational success. It creates a creative work environment by focusing on the quality of daily interactions, which supports creative performance in daily work life. Thus, it is hypothesized that:

H1: Social intelligence has a positive effect on service performance.

Emotional Intelligence and Service Performance

Variables such as self-awareness, self-regulation, empathy, social skills, and employee performance were at a high or good level, while motivation was at a very high level [20]. Emotional intelligence is a natural ability possessed by individuals; someone who can regulate their emotions will significantly contribute to a well-balanced organization. Individuals who can manage their emotions within an organization tend to perform better, allowing them to maximize their potential at work. Thus, the following hypothesis is proposed:

H2: Emotional intelligence has a positive effect on service performance.

Social Intelligence and Collective Efficacy

Self-efficacy has a positive correlation with empathic attitudes [7]. Several experts argue that cognitive empathy positively affects collective efficacy [8]. Therefore, individuals with high levels of cognitive empathic concern are more likely to internalize norms and values related to helping others' needs. Additionally, social intelligence also has a direct and significant effect on group efficacy [21]. Thus, the hypothesis proposed is:

H3: Social intelligence has a positive effect on collective efficacy.

Emotional Intelligence and Collective Efficacy

Employees who excel in emotional intelligence and social maturity tend to have strong self-efficacy. [22] stated that emotions can either facilitate or hinder problem-solving. When individuals are highly motivated, effective problem-solvers are often able to control their emotions and concentrate on finding solutions. Excessive anxiety and fear can limit an employee's problem-solving ability. Competent problem-solvers typically do not fear making mistakes. This suggests a connection between emotional intelligence and collective efficacy, as problem-solving in groups requires self-confidence, which stems from emotional regulation and control. Previous studies [23][24] have shown that emotional intelligence influences both individual and group efficacy. Therefore, the hypothesis proposed is:

H4: Emotional intelligence has a positive effect on collective efficacy.

Collective Efficacy and Service Performance

There is strong evidence of a positive relationship between collective efficacy and team performance. The individual self-efficacy of team members may not significantly affect group performance except in tasks with low interdependence [25]. Collective efficacy is best measured as individuals' assessments of their group's capacity to achieve a specific performance level [26]. Collective cognitive processes have been shown to correlate positively with group functioning, particularly in terms of effort, persistence, and achievement. Therefore, the proposed hypothesis is:

H5: Collective efficacy has a positive effect on service performance.

The Mediating Role of Collective Efficacy in the Relationship between Social Intelligence and Service Performance

Social skills consist of behaviors needed to interact with others effectively and satisfyingly, positively influencing future performance. Moreover, social skills have a direct and significant effect on group self-efficacy [21]. Some scholars also assert a positive relationship between collective self-efficacy and situational assessment [27]. Given the significant role of collective efficacy in connecting individuals to their work environment, it is assumed that different dimensions of social intelligence will differently impact service employees' performance through their effects on collective efficacy [28]. Thus, it is hypothesized that:

H6: Collective efficacy mediates the effect of social intelligence on service provider performance.

The Mediating Role of Collective Efficacy in the Relationship between Emotional Intelligence and Service Performance

Employees who excel in emotional intelligence and social maturity tend to exhibit strong self-efficacy. According to [22], emotions can either support or hinder problem-solving. When highly motivated, effective problem-solvers can control their emotions and focus on resolving issues. [29] stated that individuals who believe in their ability to complete a task, even when facing many obstacles, are more likely to succeed whereas those lacking confidence in their abilities often fail to complete tasks. Therefore, the following hypothesis is proposed:

H7: Collective efficacy mediates the effect of emotional intelligence on service performance.

2.6 Research Model

The conceptual framework is a theoretical model that illustrates the relationships between theories and the variables identified as critical research issues. This framework

theoretically explains the interconnections among the variables to be investigated. To understand the influence of each variable in this study, refer to the research model illustrated below:

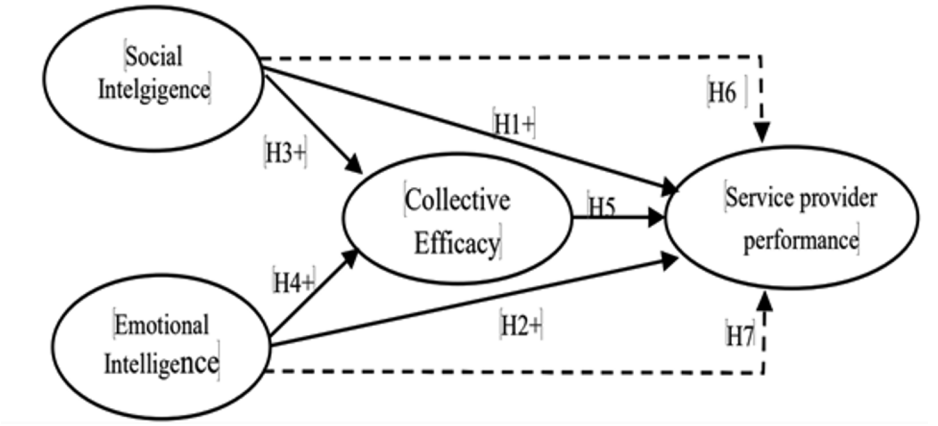

Fig. 1. Research Model

3 Research Method

This study employed a quantitative approach that focused on statistical data. This approach requires accurate measurement of the variables under investigation in order to draw generalizable conclusions regardless of time, place, or situation. According to [30], quantitative research is based on positivist philosophy and is used to study specific populations or samples, with sampling techniques generally conducted randomly. Data collection is carried out using research instruments, and the data are analyzed quantitatively or statistically with the aim of testing predetermined hypotheses.

According to [30], the population is defined as a generalization area consisting of subjects or objects with certain qualities and characteristics determined by the researcher to be studied and from which conclusions are drawn. The population in this study included all employees at RSUD Dr. Soeselo in Tegal Regency, totalling 969 individuals. The sample size was determined using the Slovin formula (Umar, 2013), with a maximum tolerable error of 10%, as follows:

$$n = \frac{N}{1+N\,(e)^2} \quad \frac{N}{1+N\,(e)^2}$$

where:
n = sample size
N = population size
e = maximum tolerable error rate of 10%.

$$n = \frac{969}{1+45D(D.1)^2} = \frac{969}{10,691+45D(D.1)^2} = \frac{969}{10,69} = 90,64 \approx 100$$

The sampling technique used was purposive sampling, with the criterion that medical personnel must have worked for more than 2 years. Below is the operational definition table of the variables used in this study:

Table 2. Operational Definition of Variables

No.	Variable	Definition	Indicators
1	Social Intelligence (X1)	The ability to perceive relevant social contexts; to handle situations effectively; to understand others' concerns, feelings, and emotional states; and to build and maintain positive relationships in social interactions [11]	- Situational awareness - Situational response - Social skills - Cognitive empathy [3]
2	Emotional Intelligence	Emotional intelligence refers to the ability to recognize one's own emotions and those of others [12]	- Self-awareness - Self-regulation - Self-motivation - Empathy - Relationship management [20]
3	Collective Efficacy (M)	Defined as a group's shared belief in its collective capacity to organize and execute actions to achieve specific goals [14]	- Assisting with difficulties - Communication - Adaptation to change - Cooperation [3]
4	Service Performance (Y)	Service performance refers to task-related behaviors expected from employees and how those tasks are executed [17]	- Task persistence - Voluntary contribution - Support and encouragement - Effective working time - Understanding customer expectations - Quality of work [3]

Data were collected using closed-ended questionnaires designed with a Likert scale (1-5) to score each item from "strongly disagree" to "strongly agree". According to Sugiyono (2018) the Likert scale typically includes five levels of response.

Data analysis was conducted using Structural Equation Model-Partial Least Squares (SEM-PLS) to examine the relationships among variables. The SEM-PLS method is an alternative to covariance-based SEM, relying instead on variance-based SEM. In SEM-PLS analysis there are two main stages are conducted: evaluation of the outer model and inner model. The outer model assesses the validity and reliability of construct measurements. The inner model examines the relationships between constructs [31]. To test mediation effects, the Variance Accounted For (VAF) value is calculated using the formula [32];

$$VAF = \frac{indirect\ effect}{indirect+direct\ effect} VAF = \frac{indirect\ effect}{indirect+direct\ effect} \quad (1)$$

If the VAF value is <20%, there is no mediation. If the VAF value is in the interval 20% <VAF <80%, the mediating variable can mediate with partial mediation properties. If the VAF value is >80%, it is stated that the mediating variable can mediate with full mediation properties [33].

4 Result and Discussion

4.1 Characteristics Respondent

This study focused on respondents who were employees at RSUD Dr. Soeselo Slawi, Tegal Regency. A total of 100 respondents were selected based on the following characteristics:

Table 3. Characteristic Respondent

Characteristic	Frequency	Percentage
Gender		
- Male	34	34%
- Female	66	66%
Age		
< 30 years	16	16%
31 – 35 years	17	17%
36 – 40 years	19	19%
>40 years	48	48%
Education Level		
- High School	-	-
- Diploma	23	23%
- Bachelor's Degree (S1)	64	64%
- Master's Degree (S2)	13	13%
Work Experience		
< 5 years	27	27%
6 – 10 years	12	12%
11 – 15 years	17	17%
>15 years	44	44%
Total	100	100

Table 3 show that 34% of respondents were male and 66% were female, so the majority of respondents were female, at 66%. This is understandable because hospital staff are dominated by nurses and doctors, most of whom are women. This is due to the interest and tendency of many women to work in the healthcare sector, which often involves direct care and emotional support for patients. Hospital work is often considered a good fit for these skills and interests. The majority of respondents (48%)

were over 40 years old, indicating a relatively mature and experienced workforce. Most had a bachelor's degree (64%), suggesting adequate analytical and service-related competencies. Additionally, 44% had over 15 years of work experience, reflecting a high level of seniority and professional expertise in hospital service performance.

4.2 Research Result

Outer Model Evaluation

Outer model is conducted to assess the validity and reliability of the construct model. Validity testing was conducted for all items in each variable using convergent and discriminant validity. Reliability was measured using Cronbach's alpha and composite reliability.

Convergent Validity

In the convergent validity test, it is obtained through the correlation between the indicator and the construct values (loading factor). According to [31], a correlation can be said to meet convergent validity if it has a loading factor ≥ 0.7 and an AVE value ≥ 0.5. All outer loadings exceed the 0.7 threshold and AVE values are above 0.5, indicating good convergent validity (Table 4).

Table 4. Outer Loadings and AVE Values

Variable	Item	Loading	AVE
Social Intelligence	KS1	0.875	0.751
	KS2	0.918	
	KS3	0.875	
	KS4	0.795	
Emotional Intelligence	KE1	0.905	0.807
	KE2	0.941	
	KE3	0.904	
	KE4	0.883	
	KE5	0.857	
Collective Efficacy	EDK1	0.918	0.839
	EDK2	0.950	
	EDK3	0.889	
	EDK4	0.906	
Service Performance	KL1	0.927	0.848
	KL2	0.954	
	KL3	0.945	
	KL4	0.863	
	KL5	0.916	
	KL6	0.917	

Discriminant Validity

One way to measure discriminant validity is to use the Former-lacker criterion shown in Table 5.

Table 5. Fornell-Larcker Criterion

	CE	EI	SI	SPP
CE	0.916			
EI	0.957	0.899		
SI	0.884	0.873	0.867	
SPP	0.974	0.964	0.891	0.921

Note: SI = Social Intelligent, EI = Emotional Intelligent, CE = Collective Efficacy, SPP = Service provider's Performance.

The Fornell-Larcker criterion value for each construct has the highest value for each latent variable tested against other latent variables. Therefore, it can be concluded that all constructs meet the discriminant validity criteria (Table 5)

Reliability Testing

To test reliability, this can be done through Cornbach's Alpha and Composite reliability. The results of the reliability test in this study are shown in Table 6.

Table 6. Reliability Scores

Variable	Cronbach's Alpha	Composite Reliability	Status
Social Intelligence	0.888	0.923	Reliable
Emotional Intelligence	0.940	0.954	Reliable
Collective Efficacy	0.936	0.954	Reliable
Service Performance	0.964	0.971	Reliable

All variables in this study provided a Cronbach alpha value $\geq$ 0.7 and composite reliability $\geq$ 0.8 so it can be concluded that all data used is reliable.

Inner Model Output

The inner model contains a structural model or relationship between variables. The relationship between variables can be seen from the R-Square, model fit, and its significance [31]

Coefficient of Determination (R^2)

The coefficient of determination indicates how much variance in the dependent variable is explained by the independent variables. Collective efficacy is explained by social intelligence and emotional intelligence at 92.5%; the remaining 7.5% is influenced by other variables not examined in this study. Service performance is explained by social intelligence, emotional intelligence, and collective efficacy at 96.2%; the remaining 3.8% is influenced by other variables not included in this research.

Table 7. Coefficient of Determination

Variable	R^2	Adjusted R^2
Collective Efficacy	0.925	0.923
Service Performance	0.962	0.961

Model Fit Test

To test the goodness of fit of the model, an SRMR value of <0.10 indicates that the model is fit. Furthermore, if the NFI value is > 0.9, the model is declared fit [34]. The results showed that SRMR < 0.1 and NFI approaching 0.9 indicated a good model fit (Table 8).

Table 8. Model Fit Indices

Item	Saturated Model	Estimated Model
SRMR	0.052	0.052
NFI	0.767	0.767

Hypothesis Testing

In the bootstrapping method used in this study, a hypothesis is accepted if the p-value < 0.05. The following results were obtained:

Table 9. Direct Effect Hypothesis Testing

Hypo	Relationship	Original Sample	t-statistic	p-value	Decision
H1	SI → SPP	0.095	2.167	0.030	Supported
H2	EI → SPP	0.353	3.538	0.000	Supported
H3	SI → CE	0.204	3.618	0.000	Supported
H4	EI → CE	0.778	14.728	0.000	Supported
H5	CE → SPP	0.552	4.725	0.000	Supported

Note: SI = Social Intelligent, EI = Emotional Intelligent, CE = Collective Efficacy, SPP = Service provider's Performance.

Mediation Analysis

The results of the mediation test using VAF in this study are shown in Table 10.

Table 10. Mediation Effect Path Coefficients

Hypo	Mediation Path	Direct Effect	Indirect Path	Total Effect	VAF	Mediation Type
H6	SI → CE → SPP	0.095	0.113	0.208	54.2%	Partial Complementary

Hypo	Mediation Path	Direct Effect	Indirect Path	Total Effect	VAF	Mediation Type
H7	EI → CE → SPP	0.353	0.429	0.782	54.9%	Partial Complementary

Note: SI = Social Intelligent, EI = Emotional Intelligent, CE = Collective Efficacy, SPP = Service provider's Performance.

4.3 Discussion

The results show that social intelligence has a positive impact on service provider's performance. This indicates that when hospital employees possess high social intelligence, their service performance increases correspondingly. Social abilities such as understanding others' preferences, influencing others' behaviour, and handling issues without undermining colleagues contribute to improved service delivery. [35] emphasized that social intelligence is necessary for effective cooperation in the workplace. Individuals with high social intelligence are better listeners and more considerate of others' perspectives, enabling them to contribute more effectively to teamwork. These findings align with previous studies [36][3] which indicate that social intelligence significantly affects service provider's performance.

The study found that emotional intelligence positively affects service provider's performance. This means that employees with high emotional intelligence demonstrate improved service performance. This improvement is attributed to their ability to avoid impulsive decisions, empathize with co-workers, offer emotional support, and stay motivated under stress. Employees with strong emotional regulation are generally more effective in service-oriented roles. [37] argued that individuals who can manage their emotions are more likely to achieve optimal performance, which is just as important as technical and analytical skills. This finding is consistent with prior [38] [39] demonstrating a significant relationship between emotional intelligence and performance.

The findings show that social intelligence positively influences collective efficacy. This means that employees with high social intelligence also tend to possess stronger beliefs in their group's ability to achieve shared goals. Social intelligence fosters creativity and collaboration, which are essential to creating a supportive and high-performing team environment. According to [3], individuals with strong situational awareness and response skills can quickly assess the emotional states of their co-workers, thereby enhancing the group's collective efficacy. This result is supported by earlier research [3][21] [40], all of which highlight the influence of social intelligence on collective efficacy.

The study also found that emotional intelligence significantly impacts collective efficacy. Employees who are emotionally intelligent and socially mature are more likely to exhibit strong self-efficacy and contribute positively to group efficacy. These individuals avoid conflicts, remain composed, and make rational decisions, even in emotionally charged situations. As a result, their presence enhances the confidence and capability of the entire team. [22] stated that emotions influence one's problem-solving abilities. Highly motivated individuals can regulate their emotions and focus on solutions, whereas anxiety and fear may hinder problem resolution. Emotionally intelligent individuals are not afraid of making mistakes, demonstrating a strong

connection between emotional intelligence and both self- and collective efficacy. This is supported by prior studies [22][23]

The results confirm a significant and positive effect of collective efficacy on service performance among employees at RSUD Dr. Soeselo. When collective efficacy improves, so does the service performance. This includes mutual support during difficulties, effective communication despite differences, adaptability to changes in duties or hospital objectives, and strong collaboration during challenging conditions. [41] also noted a positive correlation between collective efficacy and group performance. These findings are consistent with prior research) affirming the role of both self- and collective efficacy in driving performance [23][3].

The results show that collective efficacy mediates the relationship between social intelligence and service performance. Higher levels of social intelligence among hospital staff enhance collective efficacy, which in turn improves service performance. Social intelligence facilitates understanding of others' perspectives, respectful conflict resolution, and emotional responsiveness elements that strengthen group collaboration and confidence. This mediation explains why socially intelligent individuals are more likely to build innovative work environments and support creative service performance. These findings are consistent with those of [15] [3] all of whom emphasize the mediating function of collective efficacy.

The study also found that collective efficacy mediates the relationship between emotional intelligence and service performance. Employees with high emotional intelligence demonstrate better emotional regulation, conflict resolution, and resilience to stress all of which enhance group confidence and cohesion. Collective efficacy, which represents the shared belief in the group's capacity to succeed, is essential for maintaining motivation and consistent performance. Therefore, emotionally intelligent employees are more likely to elevate their team's collective efficacy, ultimately contributing to better service performance at RSUD Dr. Soeselo. These results support the findings of previous studies [23][5], which confirm the mediating role of collective efficacy in the emotional intelligence–performance relationship.

5 Conclusion

This study demonstrates that social intelligence, emotional intelligence, and collective efficacy significantly and positively influence the service performance of hospital employees. Both social and emotional intelligence contribute not only directly to performance but also indirectly through the mediating role of collective efficacy. This indicates that fostering both individual competencies and group belief systems is essential to improving service outcomes. Therefore, enhancing employees' social and emotional capabilities, along with strengthening collective efficacy, should be a strategic focus for hospital management to ensure high-quality service performance.

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