

EMOTIONAL INTELLIGENCE, ORGANIZATIONAL SUPPORT, AND NURSE PERFORMANCE: A MODERATED MEDIATION MODEL

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ABSTRACT: Nurse performance depends on how personal capabilities become usable clinical knowledge under organizational conditions. This study examines whether tacit knowledge sharing transmits the relationship between emotional intelligence and self-reported nurse performance and whether perceived organizational support strengthens that process. Survey data from 172 nurses at a general hospital were analyzed using partial least squares structural equation modeling. Emotional intelligence was associated with performance directly and through tacit knowledge sharing. Organizational support was associated with greater knowledge sharing and strengthened the emotional intelligence–knowledge sharing relationship, producing a conditional indirect association with performance. The study explains how a personal emotional resource becomes an interpersonal knowledge behavior under supportive organizational conditions. Hospitals should combine emotional-competence development with credible support and protected knowledge-sharing routines.

Keywords: Emotional Intelligence; Perceived Organizational Support; Tacit Knowledge Sharing; Self-Reported Nurse Performance; PLS-SEM

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INTRODUCTION

Nursing work combines standardized clinical protocols with patient-specific uncertainty. Nurses must interpret formal clinical indicators alongside experience, contextual cues, and rapidly changing patient conditions. Frontline clinical judgment therefore depends not only on procedural knowledge but also on nurses' capacity to recognize meaningful changes, make sense of incomplete information, and coordinate an appropriate response with other professionals (Dresser et al., 2023). Team research reinforces this view by showing that communication quality, information elaboration, and knowledge exchange are more consequential for performance than communication frequency alone (Marlow et al., 2018). Comparable professional qualifications may therefore produce different levels of performance because effective nursing requires individual resources to be mobilized through interpersonal interaction. The organizational problem is not simply whether nurses possess professional capability, but whether they can convert emotional and experiential resources into dependable clinical action.

Emotional intelligence (EI; labeled emotional quotient or EQ in the original statistical tables and figure) provides one explanation for this variation. EI broadly concerns abilities involved in perceiving, understanding, using, and managing emotional information in oneself and others (Côté, 2014). Meta-analytic evidence has established a positive association between EI and job performance, although the magnitude and incremental contribution depend substantially on how EI is conceptualized and measured (O'Boyle et al., 2011). This distinction is important because mixed and self-reported EI measures overlap considerably with established personality, self-efficacy, cognitive, and self-perception constructs, which cautions against treating all EI measures as equivalent predictors of performance (Joseph et al., 2015). Evidence within health care nevertheless supports the occupational relevance of EI. Reviews associate nurses' EI with caring behavior and interpersonal aspects of patient care (Nightingale et al., 2018), while nursing studies connect EI with stronger nurse-to-nurse collaboration and work performance (Al-Hamdan et al., 2021; Alsufyani et al., 2022). Recent experimental synthesis also indicates that EI development can improve communication skills and reduce stress among nurses and nursing students (Kawashima et al., 2025). These findings establish EI as a relevant personal resource but leave a more important organizational question unresolved: how does an internal emotional capability become a behavior that other employees can access and that can contribute to collective work?

Tacit knowledge sharing provides a plausible behavioral mechanism for this conversion. Contemporary knowledge-transfer research treats knowledge as embedded not only in formal documents but also in individuals, relationships, routines, and organizational contexts (Argote et al., 2022). Tacit knowledge is particularly difficult to transfer because much of its value rests on experience, causal understanding, and context-specific judgment that cannot be completely articulated through formal instructions (Thomas & Gupta, 2022). Its transfer therefore depends heavily on interaction between the knowledge holder and recipient. Research in *Organization Science** shows that opportunities for tacit exchange become especially important when knowledge is causally ambiguous, although transfer effectiveness also depends on the quality of the source-recipient relationship (Szulanski et al., 2016). This issue is directly relevant to nursing. Evidence among registered nurses shows that tacit knowledge sharing contributes to clinical decision processes through relational conditions such as organizational trust, demonstrating that experiential knowledge does not automatically become usable collective knowledge merely because employees possess it (Yoo et al., 2019). More broadly, meta-analytic evidence shows that knowledge-sharing behavior depends on both individual motivation and organizational context (Nguyen et al., 2019). EI may therefore matter for performance partly because emotionally capable nurses are better positioned to interpret interpersonal cues, regulate emotionally charged exchanges, and communicate experience without producing avoidable relational threat. Tacit knowledge sharing represents the behavioral point at which this individual resource can become accessible to colleagues.

Perceived organizational support (POS) provides the organizational condition that may strengthen or weaken this conversion. Organizational support theory defines POS as employees' general belief that their organization values their contributions and cares about their well-being, with meta-analytic evidence linking POS to employee attitudes, well-being, and performance-related outcomes (Kurtessis et al., 2017). This resource logic is consistent with conservation of resources theory, which proposes that supportive environments protect existing resources and

facilitate the acquisition and deployment of additional resources (Hobfoll et al., 2018). Nursing evidence makes this contextual argument especially pertinent. Longitudinal research shows that an organizational support climate is intertwined with nurses' job satisfaction and health, although its prospective effects on aggregate healthcare-unit performance are less straightforward (Larsman et al., 2024). Knowledge-sharing research provides a complementary explanation. POS has been associated with stronger knowledge-sharing intentions through affective commitment (Jeung et al., 2017), organizational citizenship behavior and job characteristics (Han et al., 2019), and employee self-construal (Yang et al., 2020). These studies show that organizational support matters for knowledge exchange, but they primarily model POS as an antecedent or examine contingencies surrounding the POS–knowledge-sharing relationship.

Taken together, these literature streams leave a more proximal theoretical question insufficiently developed: whether POS changes the extent to which EI is translated into tacit knowledge-sharing behavior. This distinction matters because emotional capability alone does not ensure disclosure of experience-based knowledge. Sharing difficult-to-codify clinical judgment exposes employees to interpersonal evaluation and requires time, reciprocity, and confidence that contributing knowledge is worthwhile. A supportive organizational environment may reduce these resource costs and provide stronger reasons for emotionally capable nurses to invest their personal resources in knowledge exchange. This study therefore conceptualizes POS not merely as another favorable workplace condition but as a boundary condition for resource conversion. EI supplies a personal socioemotional resource; POS shapes the organizational conditions under which that resource is deployed; and tacit knowledge sharing converts individually held emotional and experiential capacity into knowledge that can support work performance. The study consequently integrates EI, POS, tacit knowledge sharing, and nurse performance within a conditional resource-conversion framework and tests whether tacit knowledge sharing transmits the effects of individual and organizational resources while POS strengthens the conversion of EI into knowledge-sharing behavior.

THEORETICAL OVERVIEW

Conservation of Resources (COR) theory views individuals as active managers of resources that can be acquired, protected, and invested to generate further valued resources. Organizational applications of COR theory emphasize that personal resources do not operate in isolation. Their usefulness depends partly on whether the work environment enables employees to deploy them productively (Halbesleben et al., 2014). The resource-caravan perspective develops this argument further by proposing that personal resources gain value within supportive environmental conditions that facilitate resource investment and accumulation (Hobfoll, 2011). In nursing, emotional intelligence (EI) can be conceptualized as such a personal resource because nurses repeatedly encounter emotionally charged interactions, ambiguous patient signals, interpersonal demands, and situations requiring rapid regulation of their own and others' emotions.

EI provides capabilities for recognizing emotional information, understanding its implications, and regulating responses before emotion disrupts judgment or interaction. Meta-analytic evidence indicates that EI is associated with performance, although its predictive strength varies across EI conceptualizations and occupational conditions (Van Rooy & Viswesvaran, 2004). An integrative meta-analysis further suggests that emotion perception, understanding, and regulation operate as a cascading process and that EI becomes particularly relevant when jobs impose meaningful emotional demands (Joseph & Newman, 2010). This qualification is central to nursing because emotional demands are embedded in patient care rather than peripheral to it. Contemporary work also emphasizes that emotion regulation at work is inherently social because employees regulate emotions in response to interaction partners, occupational norms, and organizational expectations (Diefendorff et al., 2026). Meta-analytic evidence nevertheless shows substantial overlap between trait EI and broader personality structure, while ability-based EI remains more distinct (van der Linden et al., 2017). The contribution of EI should therefore be interpreted through the emotional and interpersonal demands of nursing rather than treated as a universal performance trait. Nurses who can recognize affective cues, regulate disruptive reactions, and manage emotionally demanding exchanges should be better able to maintain

attention, communicate effectively, coordinate with colleagues, and sustain appropriate conduct under pressure.

H1: Emotional intelligence is positively associated with self-reported nurse performance.

The value of EI may also emerge through tacit knowledge sharing. Tacit knowledge consists of experience-based understanding that cannot be fully codified in manuals, databases, or formal procedures. Nursing practice contains substantial tacit content because clinical judgment develops through repeated exposure to patients, interpretation of subtle signals, and experience with situational exceptions. The usefulness of such knowledge depends on whether nurses are willing and able to make it accessible to others. Knowledge sharing is not an automatic consequence of possessing expertise. Individual engagement in knowledge exchange depends on self-efficacy, attitudes, interpersonal relationships, and organizational conditions (Cabrera et al., 2006). Motivational research similarly shows that knowledge exchange becomes more effective when employees possess sufficient willingness, trust, and confidence to contribute what they know (Quigley et al., 2007). The transactive-memory literature further demonstrates that collective performance improves when members understand where expertise resides and can access and coordinate distributed knowledge effectively (Lewis, 2003; Ren & Argote, 2011).

EI can facilitate this transfer because tacit knowledge exchange is socially demanding. Nurses must determine when advice is needed, assess a colleague's receptivity, frame suggestions without undermining professional standing, and manage reactions when questioning or correcting another person's judgment. Emotion regulation at work is fundamentally interpersonal and shaped by social expectations surrounding exchange (Diefendorff et al., 2026). More direct evidence shows that EI can strengthen knowledge sharing and that improved knowledge sharing provides a pathway through which EI contributes to team performance (Sabherwal & Dunaway, 2026). EI should therefore reduce interpersonal friction surrounding the disclosure of difficult-to-codify experience and increase the likelihood that nurses share experiential knowledge.

H2: Emotional intelligence is positively associated with tacit knowledge sharing.

Perceived organizational support (POS) provides an important organizational condition for this behavior. POS reflects employees' general assessment that the organization values their contributions and cares about their well-being. Organizational support theory proposes that supportive treatment influences employee behavior because workers interpret organizational recognition and concern as signals that their contributions are valued and likely to be reciprocated (Eisenberger et al., 2020). This mechanism is particularly relevant to tacit knowledge sharing because such behavior requires time, cognitive effort, and interpersonal exposure. Sharing experiential knowledge may reduce informational exclusivity, expose incomplete judgments, or invite criticism. Employees therefore need sufficient reason to transform privately held knowledge into a collective resource.

Organizational research shows that supportive conditions can promote knowledge sharing because employees become more willing to make expertise available when managerial, technological, and interpersonal support are present (Lu et al., 2006). Nursing evidence strengthens this logic. Perceived organizational support among nurses is shaped by managerial accessibility, recognition, organizational structures, and professional acknowledgement (Gadolin et al., 2021). Knowledge-sharing behavior among critical-care nurse specialists also depends on the professional practice environment, competence, participation, resources, and leadership-related conditions rather than expertise alone (Xu et al., 2022). POS should therefore reduce the perceived cost of contributing experiential knowledge and strengthen expectations that such contributions will be respected and used constructively.

H3: proposes that perceived organizational support is positively associated with tacit knowledge sharing.

The role of POS may extend beyond a direct association with knowledge sharing. EI provides nurses with the capacity to manage emotionally sensitive exchanges, but possessing that capacity does not ensure that it will be used. COR theory proposes that employees are more willing to invest valued personal resources when contextual conditions protect those resources and increase the prospect of resource gain (Halbesleben et al., 2014). Hobfoll's (2011) resource-

caravan perspective similarly emphasizes that organizational environments create passageways that can facilitate or obstruct the deployment of personal resources. POS can function as such a passageway. Nurses with comparable EI may possess similar emotional capabilities under different organizational conditions, yet the expected return from using those capabilities may differ substantially.

Under low POS, sharing experiential judgment may require effort without recognition and may expose employees to interpersonal risk without meaningful organizational protection. Nurses may therefore conserve their personal resources rather than invest them in discretionary knowledge exchange. Under high POS, organizational care, recognition, and support signal that knowledge contributions are valued and that resource investment is more likely to produce beneficial outcomes (Eisenberger et al., 2020). Knowledge-transfer research also demonstrates that the consequences of knowledge exchange depend on organizational conditions, learning support, available organizational memory, and the costs surrounding transfer (Levine & Prietula, 2012). POS should therefore alter the extent to which nurses convert emotional capability into tacit knowledge-sharing behaviour.

H4: Perceived organizational support positively moderates the relationship between emotional intelligence and tacit knowledge sharing, such that the relationship is stronger at higher levels of support.

Tacit knowledge sharing should also contribute directly to nurse performance. Clinical protocols cannot encode every weak signal, patient response, situational exception, or interpersonal complication encountered in practice. Tacit knowledge acquired through experience therefore represents an important performance resource. Evidence from nursing indicates that nurses' responses to critical situations can differ according to tacit rather than explicit knowledge, suggesting that experience-guided understanding contributes to effective clinical action when formal knowledge alone is insufficient (Herbig et al., 2001). The performance value of this knowledge increases when it becomes accessible to colleagues.

Strategic-management research shows that interpersonal advice and knowledge exchange can improve the quality of knowledge-intensive work, although the magnitude of these benefits depends on the type of knowledge involved (Haas & Hansen, 2007). Tacit knowledge can also function as an organizational resource whose value emerges when individually held expertise is effectively combined (Shamsie & Mannor, 2013). These arguments are consistent with transactive-memory research showing that teams perform better when members can identify, coordinate, and use one another's specialized expertise (Ren & Argote, 2011). Meta-analytic evidence likewise links shared team cognition with stronger team performance (DeChurch & Mesmer-Magnus, 2010).

Nursing evidence provides a direct basis for the proposed relationship. Knowledge-sharing behavior has been positively associated with nursing work performance among tertiary-hospital nurses (Baek et al., 2025). Knowledge sharing among intensive-care nurses has also been linked with innovative nursing behavior, with its effects shaped by care-quality conditions (Li-Ying et al., 2016). These findings align with broader healthcare research showing that reliable information exchange and coordination support safer and higher-quality care (Rosen et al., 2018). Meta-analytic evidence further indicates that healthcare team interventions improve learning, behavioral transfer, and performance-related outcomes (Hughes et al., 2016). Tacit knowledge sharing should therefore enlarge nurses' practical knowledge base, strengthen coordination, and reduce repetitive individual problem solving.

H5: Tacit knowledge sharing is positively associated with self-reported nurse performance.

The preceding relationships imply an indirect pathway from EI to nurse performance through tacit knowledge sharing. EI equips nurses with capabilities for recognizing interpersonal cues, regulating emotional reactions, and managing socially sensitive exchanges. Tacit knowledge sharing converts these capabilities into behavior through which experience-based judgment becomes available to colleagues. Shared knowledge can then improve access to expertise, coordination, and the information available for clinical action. Evidence from knowledge-intensive teams demonstrates that EI can improve knowledge sharing and that knowledge sharing helps transmit its performance benefits (Sabherwal & Dunaway, 2026). Organizational evidence also shows that knowledge-sharing processes contribute to performance

when knowledge providers and recipients possess sufficient motivation and relational support to exchange and apply expertise effectively (Quigley et al., 2007). Nursing evidence strengthens the behavioral link because knowledge sharing predicts nurses' work performance (Baek et al., 2025). The model nevertheless retains the direct EI–performance relationship because EI may also improve performance through patient communication, attention regulation, conflict management, and behavioral control independently of knowledge exchange.

H6: Emotional intelligence has a positive indirect association with self-reported nurse performance through tacit knowledge sharing.

A parallel indirect mechanism can connect POS with nurse performance. Organizational support creates a favorable environment for discretionary contribution, but support becomes operationally useful only when employees translate it into behavior. Organizational support theory suggests that favorable organizational treatment generates reciprocal employee responses because recognition and care create stronger reasons to contribute to collective objectives (Eisenberger et al., 2020). Knowledge-sharing research similarly shows that supportive organizational conditions can encourage employees to make expertise available to others (Lu et al., 2006). Once shared, this knowledge can improve individual and collective work outcomes.

Recent nursing research supports this logic. Knowledge sharing can transmit the effects of favorable relational and organizational conditions into desirable nurse behavior. Evidence shows that leadership processes can affect nurses' innovative work behavior through trust and knowledge sharing (Waseem et al., 2026). Combined with evidence connecting knowledge sharing with nursing work performance (Baek et al., 2025), these findings support an indirect pathway from organizational support to performance through tacit knowledge sharing. Because the model does not estimate a direct POS–performance relationship, this proposition concerns a specific indirect association rather than full or partial mediation.

H7: Perceived organizational support has a positive indirect association with self-reported nurse performance through tacit knowledge sharing.

The model's central theoretical proposition integrates personal resources, organizational context, and behavioral resource conversion. EI constitutes a personal resource, but COR theory suggests that resources yield different returns depending on the environmental conditions that permit or constrain their investment (Hobfoll, 2011; Halbesleben et al., 2014). POS provides such a contextual condition because it signals whether organizationally useful effort is likely to receive recognition, protection, and reciprocity (Eisenberger et al., 2020). Tacit knowledge sharing then represents the behavioral process through which an individual emotional resource becomes available for collective clinical work.

This logic implies a conditional indirect association rather than a simple interaction. If POS strengthens the relationship between EI and tacit knowledge sharing, the portion of EI associated with performance through knowledge sharing should also vary across levels of organizational support. The argument is consistent with evidence that knowledge-transfer outcomes depend on organizational context (Levine & Prietula, 2012) and that EI can contribute to performance by strengthening knowledge-sharing processes (Sabherwal & Dunaway, 2026). It is also consistent with nursing evidence that knowledge sharing contributes to work performance (Baek et al., 2025). High POS should therefore create a more favorable resource-conversion pathway in which EI is more readily deployed in tacit knowledge sharing and the resulting knowledge-sharing behavior carries more of EI's association with performance. Under low POS, the same emotional capability should generate a weaker indirect association because the organizational environment provides fewer incentives and protections for discretionary knowledge exchange.

H8: The positive indirect association between emotional intelligence and self-reported nurse performance through tacit knowledge sharing becomes stronger as perceived organizational support increases.

RESEARCH METHODS

This study employed a quantitative, cross-sectional, explanatory survey design to test a prespecified structural model at the individual nurse level. The design was appropriate for estimating associations among the focal constructs, including direct relationships, latent

interaction effects, specific indirect effects, and conditional indirect effects, while recognizing that the cross-sectional structure does not establish temporal precedence or causal order. The study population consisted of nurses employed at a general hospital who held direct patient-care responsibilities. Convenience sampling was applied across inpatient and outpatient nursing units during scheduled shifts. Data were collected through a self-administered questionnaire distributed to eligible nurses after institutional ethical clearance had been obtained. Participation was voluntary, informed consent was secured before questionnaire completion, and anonymity was maintained by excluding personally identifying information. Completed questionnaires were screened for missing values and straight-lining before analysis, resulting in 172 valid cases.

All constructs were specified reflectively and measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Emotional intelligence was measured with three items adapted from Wong and Law (2002), representing self-emotion appraisal, emotion regulation, and the use of emotion at work. Because this specification excludes the other-emotion appraisal dimension, it does not constitute the complete four-dimensional Wong–Law Emotional Intelligence Scale. Emotional intelligence was therefore treated as a brief self-reported measure, and interpretation was restricted to the content captured by the retained indicators. Perceived organizational support was measured with four items adapted from Eisenberger et al. (1986). Tacit knowledge sharing was assessed with three items informed by the socialization perspective of knowledge creation proposed by Nonaka and Takeuchi (1995) and by knowledge-sharing culture research developed by Connelly and Kelloway (2003). Self-reported nurse performance was measured with seven items representing accuracy, adherence to protocol, teamwork, and patient communication.

Partial least squares structural equation modeling was used because the study sought to explain variance in two endogenous constructs while estimating direct effects, a latent interaction, specific indirect effects, and a conditional indirect effect within a single structural model. The methodological rationale therefore rested on the model's prediction-oriented conditional-process objective rather than on sample size alone. The interaction between perceived organizational support and emotional intelligence was estimated using the two-stage approach. Statistical inference was based on 5,000 bootstrap subsamples, with two-tailed testing conducted at an alpha level of .05. Measurement-model assessment examined indicator loadings, Cronbach's alpha, rho_A, composite reliability, average variance extracted, indicator variance inflation factors, and the heterotrait-monotrait ratio of correlations. Structural-model assessment examined collinearity, explanatory power, path estimates, and bootstrapped statistical significance. Because all constructs were reported by the same respondents at a single point in time, anonymity was used to reduce evaluation apprehension, but the possibility of common method variance cannot be excluded. The resulting relationships should therefore be interpreted as cross-sectional associations rather than causal effects (Podsakoff et al., 2003).

RESULTS

The analysis retained 172 nurses who held direct patient-care responsibilities at the general hospital. Table 1 reports indicator loadings, indicator VIF values, internal consistency, and convergent validity. All loadings exceeded the prespecified .70 criterion. Cronbach's alpha, rho_A, and composite reliability exceeded .70, while average variance extracted exceeded .50 for each construct. These results support indicator reliability, internal consistency, and convergent validity. The reported VIF values assess indicator collinearity and should not be interpreted as structural-model collinearity tests.

Table 2 reports HTMT values for the substantive constructs and the interaction term. Most construct pairs fell below the prespecified .90 criterion, but the EI–tacit knowledge sharing value exceeded that threshold. Discriminant validity is therefore not established for this pair on the reported evidence. Conceptual proximity does not resolve the problem. The overlap may reflect the abbreviated EI specification, similar item content, common method variance, or genuine empirical closeness, and the EI–knowledge sharing association should be interpreted with this qualification.

Table 1. Measurement Model: Loadings, Collinearity, Reliability, and Convergent Validity

Construct	Item	Loading	VIF	α	ρ_a	ρ_c	AVE
Emotional Quotient	Emoq1	0.898	2.299	0.866	0.874	0.918	0.789
	Emoq2	0.859	2.058				
	Emoq3	0.907	2.538				
Perceived Organizational Support	POS1	0.831	1.527	0.787	0.794	0.861	0.609
	POS2	0.834	1.408				
	POS3	0.802	1.721				
	POS4	0.806	1.928				
Performance	Perf1	0.799	2.894	0.906	0.907	0.925	0.638
	Perf2	0.773	3.051				
	Perf3	0.743	2.339				
	Perf4	0.783	3.528				
	Perf5	0.751	3.121				
	Perf6	0.756	2.728				
	Perf7	0.828	2.542				
Tacit Knowledge Sharing	TKS1	0.803	1.401	0.718	0.724	0.842	0.640
	TKS2	0.757	1.351				
	TKS3	0.838	1.521				

Table 2. Heterotrait-Monotrait Ratio (HTMT) of Correlations

Construct	EQ	POS	Performance	TKS
EQ	—			
POS	0.731	—		
Performance	0.800	0.822	—	
TKS	0.911	0.865	0.847	—
POS × EQ	0.450	0.274	0.215	0.173

The model explained substantial variance in tacit knowledge sharing and self-reported nurse performance. Table 3 shows that the direct relationships proposed in H1 through H5 were statistically significant in the predicted direction. The EI indirect effect through tacit knowledge sharing supported H6 while the retained direct EI–performance path indicated partial transmission. The POS indirect effect supported H7 as a significant specific indirect association; its mediation type cannot be classified because the model did not estimate a direct POS–performance path. The positive interaction supported H4, and the significant index of moderated mediation supported H8.

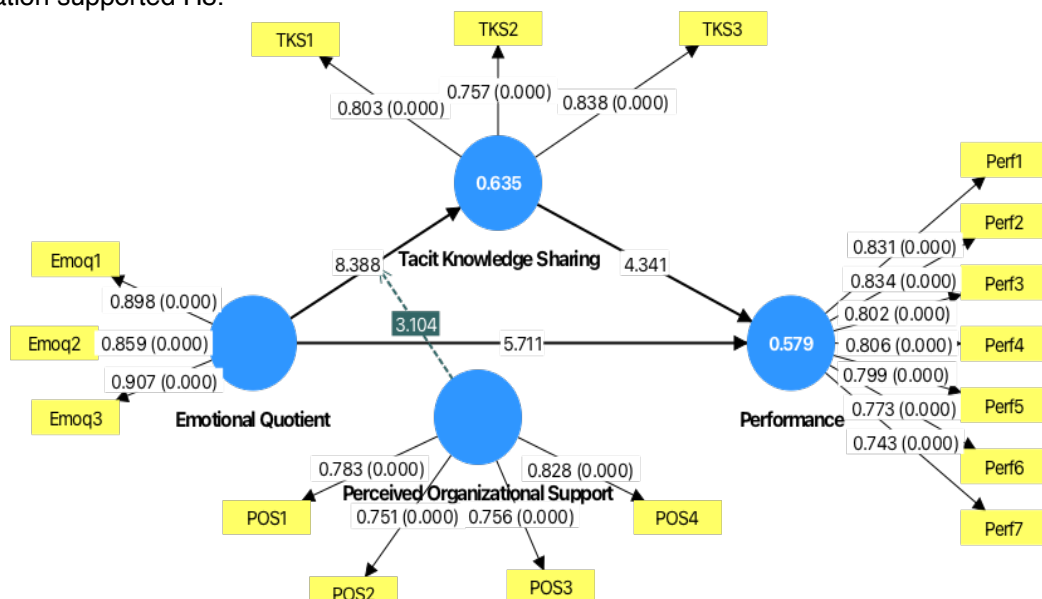


Figure 1. Estimated structural model with standardized path coefficients

Table 3. Structural Path Estimates and Hypothesis Testing

Hyp.	Path	β	t	p	Decision
H1	EQ → Performance	0.465	5.711	< .001	Supported
H2	EQ → TKS	0.587	8.388	< .001	Supported
H3	POS → TKS	0.353	4.976	< .001	Supported
H4	POS × EQ → TKS	0.154	3.104	.002	Supported
H5	TKS → Performance	0.353	4.341	< .001	Supported
H6	EQ → TKS → Performance (indirect)	0.207	4.450	< .001	Supported
H7	POS → TKS → Performance (indirect)	0.124	2.739	.006	Supported
H8	POS × EQ → TKS → Performance (index of moderated mediation)	0.054	2.559	.011	Supported

DISCUSSION

The findings support a resource-conversion account of self-reported nurse performance. EI was associated with performance through both direct and interpersonal routes. The direct route is consistent with evidence that emotional capabilities support effective work behavior by helping employees perceive, interpret, and regulate affective information during demanding interactions (Côté, 2014; O'Boyle et al., 2011). Nursing research provides more specific support, linking EI with work performance, collaboration, caring behavior, and interpersonal effectiveness in clinical settings (Al-Hamdan et al., 2021; Alsufyani et al., 2022; Nightingale et al., 2018). The indirect route extends this explanation by showing that part of EI's relevance lies in what nurses do with colleagues. Emotional capability accompanies greater exchange of experience-based judgment, which in turn accompanies stronger performance assessments. This pattern moves the interpretation beyond EI as a stand-alone personal attribute because it identifies knowledge sharing as a behavioral process through which an individual resource can become useful beyond its original holder (Argote et al., 2022; Sabherwal & Dunaway, 2026).

The positive relationship between EI and tacit knowledge sharing supports the proposed interactional mechanism. Tacit clinical knowledge cannot be transferred through codification alone because much of its value is embedded in experience, contextual judgment, and interpersonal interpretation (Thomas & Gupta, 2022). Nurses must judge a colleague's receptivity, manage professional sensitivity, and communicate experiential knowledge without generating unnecessary defensiveness. This requirement makes emotional capability particularly relevant because workplace emotion regulation is inherently social and shaped by interaction partners and relational expectations (Diefendorff et al., 2026). Direct evidence also indicates that EI can facilitate knowledge sharing and that knowledge sharing can transmit its benefits to performance (Sabherwal & Dunaway, 2026). Nursing evidence further shows that tacit knowledge sharing operates through relational conditions and contributes to clinical decision processes (Yoo et al., 2019). The present relationship should nevertheless be interpreted cautiously because EI and tacit knowledge sharing did not demonstrate clear discriminant validity. The association may reflect a substantive behavioral link, but the brief EI specification and common-source measurement may also increase empirical overlap, a concern consistent with established common-method research (Podsakoff et al., 2003).

POS was positively associated with tacit knowledge sharing and strengthened the relationship between EI and knowledge sharing. This pattern separates resource possession from resource activation. EI may provide nurses with the capacity to approach colleagues sensitively, but supportive organizational treatment influences whether using that capacity appears worthwhile. Organizational support theory proposes that employees who perceive organizational care and recognition are more willing to invest effort in behaviors that benefit the organization (Eisenberger et al., 2020; Kurtessis et al., 2017). COR theory provides a complementary explanation because supportive environments can operate as resource passageways that facilitate the deployment and accumulation of personal resources (Halbesleben et al., 2014; Hobfoll et al., 2018). The interaction observed here is therefore consistent with the view that POS creates a more favorable setting in which emotional capability can be converted into discretionary knowledge-sharing behavior. Prior research supports this broader contingency logic by showing that organizational support relates to knowledge sharing through affective and behavioral

mechanisms and that the strength of this relationship depends on employee and work conditions (Han et al., 2019; Jeung et al., 2017; Yang et al., 2020). The present findings extend this literature by locating POS at the immediate conversion point between emotional capability and tacit knowledge exchange.

Tacit knowledge sharing was positively associated with self-reported nurse performance. This relationship is theoretically plausible because clinical protocols cannot encode every weak signal, patient-specific response, or situational exception encountered in practice. Nursing research shows that tacit knowledge differentiates how nurses respond to critical situations and supports experience-based clinical judgment (Herbig et al., 2001). When such knowledge is shared, nurses can draw on a broader pool of practical expertise rather than rely exclusively on individual experience. Organizational research similarly shows that knowledge exchange can improve performance by increasing access to relevant expertise and reducing duplication in problem solving (Haas & Hansen, 2007; Quigley et al., 2007). More direct nursing evidence shows that knowledge-sharing behavior is positively associated with nursing work performance and innovative nursing behavior (Baek et al., 2025; Li-Ying et al., 2016). These findings also align with healthcare research emphasizing information exchange and coordination as foundations of effective team performance and safer care (Rosen et al., 2018). The two indirect results nevertheless require different interpretations. Tacit knowledge sharing carries part of the EI–performance relationship because the model estimates both direct and indirect routes. The POS result establishes one specific indirect pathway through knowledge sharing but does not demonstrate that knowledge sharing is the only mechanism through which organizational support may relate to performance.

The conditional indirect relationship provides the model's central theoretical contribution. The performance relevance of EI does not appear to operate independently of organizational conditions. COR theory suggests that personal resources yield greater returns when environmental conditions facilitate rather than obstruct their investment (Halbesleben et al., 2014; Hobfoll, 2011). The findings follow this logic: POS strengthens the EI–knowledge-sharing relationship, which in turn strengthens the indirect association between EI and nurse performance. Knowledge-transfer research likewise shows that the consequences of knowledge exchange depend on the surrounding organizational context rather than on knowledge availability alone (Levine & Prietula, 2012). The study therefore repositions EI from a stand-alone predictor to a personal resource that can operate through both intrapersonal and interpersonal routes, identifies tacit knowledge sharing as a behavioral conversion mechanism, and positions POS as a boundary condition governing that conversion. The nursing context makes this mechanism particularly salient because clinical knowledge is often difficult to codify, time-sensitive, and dependent on social interaction for effective transfer (Herbig et al., 2001; Thomas & Gupta, 2022).

The findings also have practical implications for hospital management. Emotional-capability development and organizational support should not be treated as independent interventions. EI training can emphasize recognizing distress, managing emotional reactions during handoffs, giving corrective feedback, and communicating under interpersonal pressure. Evidence indicates that EI interventions can improve emotional capabilities, communication, resilience, and stress-related outcomes among nurses and nursing students (Kawashima et al., 2025). Hospitals can reinforce these capabilities through case reflection, peer debriefing, and structured opportunities for exchanging experience-based clinical judgment. Managers should also recognize that knowledge contribution depends on the surrounding practice environment and employees' perceptions of organizational support (Gadolin et al., 2021; Xu et al., 2022). Supervisors can strengthen this environment by acknowledging knowledge contributions and responding constructively when nurses disclose uncertainty or experiential insight. Staffing, recognition, and responsive supervision should nevertheless be interpreted as plausible managerial applications rather than interventions directly established by the present cross-sectional findings.

CONCLUSION AND FURTHER STUDY

This study shows that EI is associated with self-reported nurse performance directly and through tacit knowledge sharing. POS is associated with knowledge sharing and strengthens the route through which emotional capability becomes knowledge exchange. The central conclusion is conditional: a personal emotional resource appears more likely to become a collective

performance resource when the organization provides a credible support passageway. The study contributes a mechanism and boundary condition rather than a sector-specific replication.

The cross-sectional, single-hospital, self-report design prevents causal inference and limits generalization. The brief EI measure omits other-emotion appraisal, and the EI-knowledge sharing measures do not establish clear discriminant validity. Future research should use the complete validated EI scale, multisource or supervisor-rated performance, temporally separated measures, and multiple hospitals. A model that includes the direct POS-performance path could distinguish among complementary, competitive, and indirect-only processes. Hospitals can act cautiously by combining emotion-focused development with protected knowledge-sharing routines and evaluating those practices with independent performance indicators.

ETHICAL DISCLOSURE

This study involved human participants and was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical clearance was obtained from the relevant institutional research ethics committee prior to data collection. All respondents were informed of the study's purpose, the voluntary nature of their participation, and their right to withdraw at any time without consequence and written or electronic informed consent was obtained from each respondent before data collection began. No personally identifying information was collected, and all data were stored and analyzed in anonymized form.

CONFLICT OF INTEREST

The authors declare no conflict of interest with respect to the research, authorship, and/or publication of this article.

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