

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE AND
SCHOOL OF NURSING AND MIDWIFERY**

**RELATIONSHIP BETWEEN PERCEIVED PATIENT SATISFACTION AND
EMOTIONAL INTELLIGENCE OF NURSES WORKING IN ONCOLOGY
UNITS AT SELECTED HOSPITALS OF ADDIS ABABA, ETHIOPIA, 2020**

BY RAHEL ASRAT DEMESSIE (BSC N)

**A THESIS TO BE SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES
ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE SCHOOL
OF NURSING AND MIDWIFERY DEPARTMENT OF NURSING IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER
IN ONCOLOGY NURSING**

June 2, 2020

Addis Ababa, Ethiopia

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APPROVAL SHEET

ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE AND SCHOOL OF NURSING AND MIDWIFERY

I, the undersigned MSc student, declare that I have submitted my original work on a title “Relationship between Perceived patient satisfaction and Emotional intelligence of nurses working in oncology units at TASH, Zewiditu memorial Hospital and St.paul referral Hospitals Addis Ababa, Ethiopia “ for the examination.

Submitted by:

Rahel Asrat Demessie

Name of student

Signature

Date

This thesis work has been submitted for examination with my approval as an advisor.

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1. Niguse Tadele

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Name of Co-Advisor

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Date

Acknowledgments

First and foremost my sincere appreciation and great heart full thanks goes to Addis Ababa university for giving me this Gold opportunity to conduct this study. I would also like to thank TASH for their sponsorship and also for AAU librarians for their cooperation.

I would also like to express my deepest appreciation to my advisor Ato Niguse Tadele and my co-advisor Ato Tefera Mulugeta for their invaluable guide and unreserved help throughout the work of this proposal. I take this opportunity to express my gratitude to Professor Asrat Demessie who supported me through this venture.

List of Abbreviation

| | |
|--------|--|
| AAU | Addis Ababa University |
| BSc | Bachelor degree |
| EI | Emotional Intelligence |
| EQ | Emotional quotient |
| ETB | Ethiopian Birr |
| FMOH | Federal Ministry of Health |
| MSc | Master's Degree |
| OR | Odd Ratio |
| PI | Principal Investigator |
| SPHMMC | St. Paul's Hospital Millennium Medical College |
| SPSS | Statistical package for social science |
| TASH | Tikur Anbesa Specialized Hospital |

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Abstract

Background: - Emotional intelligence skills have been related with perceived patient satisfaction and emotional Intelligence skills of nurses. Nursing professional increase by emotional skill was explored and application of emotional intelligence ideas will be applied to the career of nursing. In Ethiopia there is scarcity of oncology nurses this led to higher load which can purpose burnout in the nurse that remain. Due to expertise hole on the working surroundings decrease their perception on affected person delight directly influence nurses' performances and retention.

General Objective: To assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology unit at selected Hospitals in Addis Ababa, Ethiopia, 2020

Materials and Methods: An Institution based cross-sectional study design was conducted from February 20- April 20, 2020. With a sample size of 121 nurses working in oncology units at selected hospitals. SPSS version 23 was used to analyze data. Bi-variable and multi variable analysis was used to see the association between each independent variable and the outcome variable, Crude and Adjusted OR was used to compute considering $p < 0.05$ to be statistically significant.

Results: Among participants 73 (60.3 %) were reported having good emotional intelligence skills, Fifty three percent of the participants had good perception on patient satisfaction. Service year {(AOR=3.7 ;(2.22, 5.22)} and monthly income {(AOR=4.01 ;(1.22, 13.17)} were significantly associated to emotional intelligence. Good emotional intelligence was associated {AOR=3.8; CI (1.64-8.8)} with perceived patient satisfaction.

Conclusion and recommendation: The study found that there was a relatively not good emotional intelligence skill. There is a need to design emotional intelligence skill increasing intervention plan and implementation.

Keywords: Emotional intelligence, Perceived patient satisfaction, Oncology nursing.

CHAPTER 1

Introduction

1.1 Background

Emotional intelligence is the capability of individuals to recognize their own emotions and those of others, identify between different feelings and label them appropriately, use emotional information to guide thinking and behavior, and manage and/or adjust emotions to adapt to environments or achieve one's goal(1).

Patient satisfaction is usually used as a clue to the nursing care quality in the clinical setting (1). All patients should be assessed and checked seeing their physiological and emotional requirements. It should be kept in mind that they merge with the environment and have emotions, and so they affect the environment. Therefore, each patient should be assessed in a holistic way to increase the satisfaction degree (2).

Emotional intelligence (otherwise known as emotional quotient or EQ) is the ability to understand, use, and manage your own emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and defuse conflict. Emotional intelligence helps you build stronger relationships, succeed at school and work, and achieve your career and personal goals. It can also help you to connect with your feelings, turn intention into action, and make informed decisions about what matters most to you. Emotional intelligence is commonly defined by four attributes: *Self-management* – You're able to control impulsive feelings and behaviors, manage your emotions in healthy ways, take initiative, follow through on commitments, and adapt to changing circumstances. *Self-awareness* – You recognize your own emotions and how they affect your thoughts and behavior. You know your strengths and weaknesses, and have self-confidence. *Social awareness* – You have empathy. You can understand the emotions, needs, and concerns of other people, pick up on emotional cues, feel comfortable socially, and recognize the power dynamics in a group or organization. *Relationship management* – You know how to develop and maintain good relationships, communicate clearly, inspire and influence others, work well in a team, and manage conflict(3).

It is evident that the person acquire only a high intelligence quotient (IQ) and technical competence are not sufficient for success, instead personnel who are able to understand his own and other individuals' emotions with advanced social competences are needed (4). Emotional intelligence (EI) is a term that was first described in 1920 using the interpersonal intelligence model, which is one of Thorndike's multiple intelligence models(5). In 1990, Mayer attempted to scientifically measure the affective domain competencies of individuals and suggested that some of them were better in describing their own emotions, in describing others' emotions, and in solving problems about emotional matters than others(6). However, these studies were not considered relevant. The term EI "Emotional Intelligence," in 1995 is the individual's competency with which he/she can understand his/her emotions, he/she can show empathy toward others' emotions, and he/she can organize his/her emotions in such a way that he/she can enrich his/her life(7). It describes five basic components in EQ: 1 an individual's awareness of his/her own emotions (self-awareness), 2 an individual's regulation of his/her own emotions (self-regulation), 3 an individual's ability of self-motivation, 4 empathy, and 5 social skills(7).

1.2 Statement of the problem

It was stated that raising the quality of the nursing practices in health care system was possible with the help of the nurses' EI skills such as effective communication first with the patients and then with their colleagues; being aware of their own feelings; knowing and understanding their patients, using positive coping skills; and having a positive mood(3). It was stated that those factors helped in meeting the requirements of patients and in reducing the anxieties of nurses, and it also increased the job satisfaction of nurses, and the nurses in turn used their energy to increase the quality of patient care (3).

In the studies carried out about the nurses' EI, it was determined that the professional nurses who applied the integrated approach to the patients, who accommodated privacy, and who knew their patients personally and emotionally faced with both physical and emotional tribulations while they were meeting the patients' requirements, and they used their EI skills while coping with those tribulations (8).

There are a lot of studies in which the relationship between EI and nursing care has been determined, and these are available in the literature, Among those studies, the studies in which the importance of EI in communication in psychiatric nursing, in nursing management, and in clinical care was mentioned are seen (8). No studies were conducted regarding the EI of nurses working in oncology units.

There is a shortage of nurses working in oncology units in our country and this leads to a higher load which can cause burnout in the nurses that remain. One of the effects of burnout is that the nurses may leave the work environment, creating even further shortages in personnel. A negative spiral is created by burnout, emotional labor, absenteeism and eventually leaving the profession, causing more shortages and increased burnout in the nurses that remains. The question arises as to whether this negative spiral can be broken if the nurses have a higher emotional intelligence? Emotional intelligence will enable the nurses to identify, express, understand and regulate their emotions, either negatively or positively, in themselves and in others. Constructive self-evaluation, leading to an increase in positive feelings of competence, achievement and confidence in being able to perform well, could be improved through emotional intelligence. This may ultimately have an effect on the nurses staying in a working environment where they feel competent and confident. No information is

available in the literature about the emotional intelligence of nurses working in oncology units in Ethiopia, therefore the question arises: ‘what is the emotional intelligence of the oncology nurses?’

In this sense, the current study determined the relationship between Perceived patient satisfaction and EI skills of nurses of oncology clinics during hospital stay. and demonstrate out comes include reduced burn out, and improve staff retention, team performance and communication safely and customer satisfaction. In our setting the number of nurses and patient-ratio is uneven especially in oncology units at governmental hospital like TASH, Zewiditu memorial, and St paul hospitals. That leads to work load, patient traffic, poor service, low prioritization, inadequate care and that decreases quality of care.

1.3. Justification

In Ethiopia a clear understanding of EI is not known. Knowing its complexity is helpful in nursing practice. By understanding how perceived patient satisfaction merge with emotion in general allow nurses to make better decision, manage their patients more effectively, improve relationships and positively impact the quality of care received by patients and family. Over all the purpose of this paper is to gain understanding on perceived patient satisfaction and EI of nurses in oncology units with the advance nursing practice. In our country, there were no previous studies conducted to Assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology unit. So that this study will contribute to a knowledge gap in this area.

CHAPTER 2

Literature Review

1.1. Emotional Intelligence

Many studies examine the emotional intelligence and quality of life(8). described the concept of Emotional Intelligence (EI) as the capacity to reason about emotions, and the capacity of emotions to enhance thinking. EI includes the abilities to accurately perceive emotions, access and generate emotions in order to assist thoughts, to understand emotions and emotional knowledge, and to reflectively regulate emotions in order to promote emotional and intellectual growth. On the other hand, several studies have examined the relationship between self-efficacy and quality of life. Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment(8). Emotional intelligence and self-efficacy play essential roles in patients' quality of life, as. (8), who investigated. the relationship between emotional intelligence and the quality of life was discussed.

A clear understanding of EI and its complexities is helpful in nursing practice. In general, EI enables nurses to make better decisions, manage their patients more effectively, improve relationships, and positively impacts the quality of care received by patients and families (9). Due to the influence EI has on nursing actions, understanding what is known about EI may improve its application within the profession. When health care personnel recognize EI as the mainstay of success in personal and professional life, patient satisfaction is expected to increase (2).

In a cross-sectional study conducted in Australia suggest that The EI of RNs commencing work in a critical care environment was indicative of a higher range of Global EI, with the well-being factor scoring the highest, followed by the emotionality factor, then self-control, with the sociability factor scoring the lowest. The sample (n = 30) had a mean age of 32 years. Most of the participants (63%) qualified through the completion of a bridging course between 2010 and 2012. The majority (62%) of the sample had less than 2 years' experience as RNs (9).

In a study, conducted in Portugal on 24 Mar 2010 suggested that the EI level of the nurses was the determinant factor for care behaviors. 120 nurses self-reported their EI, The main findings are: (a) nurses' EI explains a significant but low unique variance of caring behaviors; (b) self-encouragement and self-control against criticisms are the best predictors; (c) high empathy can have positive or negative impact on caring behaviors depending on the way it combines with other EI dimensions(10). Understanding the patients' emotions, the nurses can recognize the patients' morals, worries, and concerns more clearly, they can give more active importance to the patient's worries, and at the same time, they can be more kindhearted. Depending on the patients' specific situations and emotions, the nurses tend to organize their own care behaviors and to show appropriate communication behaviors to raise the morale of the patients by helping them block out negative thoughts. It should be kept in mind that each patient is special, and his/her experiences should be respected. The patient should be allowed to experience and express his/her emotions, except the apparent ones. The ability to see the patient in an integrated way and the ability to decide what is useful for each patient beyond the scientific data are related to the EI of the nurse. In this way, the nurse would contribute to the excellence of the nursing practice, making the patients feel more positive emotional and psychological reactions (10). This is because the patient – if he/she is not a health care professional – is usually unable to measure the medical knowledge of the health care professional. The tool that the patient uses to measure the quality of the health care service also includes EI (11).

In a previous study, reported that psychiatrists, social service experts, elderly care experts, family doctors, physiotherapists, and nurses were the individuals who were expected to have a high level of EI in order to achieve success and satisfaction (12).

In a study conducted in turkey on 7 august 2017 also suggest that emotional intelligence should be one of the issues of the objectives and that it should be acknowledged among the quality indicators to enhance the quality of health care services. To bring the use of EI to the forefront the nursing profession requires direct communication between the patient and health care service, which can only be made possible by teamwork; that is why EI skills of nurses should be well developed. The use of EI skills by nurses affects their quality of life and even increases their quality of life(9).

Research on emotional intelligence in nursing is in its infancy. Further research is needed to explore the concept as nurses apply it to patient care, team care, and self-care. Research on emotional intelligence abilities and their relationship with patient care outcomes is needed. Educational methodologies for the development of emotional intelligence abilities in nursing practice need to be developed and tested. However, despite these limitations, the potential importance of emotional intelligence to nursing lays in its ability to articulate a form of intelligence that is an integral part of nursing practice.

1.2. Perceived patient satisfaction

Patient satisfaction with nursing care has been considered as the most important predictor of the overall patient satisfaction with hospital service and quality of health care service at large. However, the national level of patient satisfaction with nursing care remains unknown in Ethiopia. Patient–nurse collaboration considerably underlies patient satisfaction (13). The support that the patient gets from the nurse, the respect that the nurse shows to the patient, the positive behaviors of the nurse toward the patient, the clear answers of the nurse to solve the patient’s problems, and the accessibility of the nurse are the major factors for patient satisfaction(13).

In a cross-sectional study done at Switzerland shows that Satisfaction with nursing care and nurse-patient interactions influenced both perceived benefits and barriers. Patient satisfaction and perceived benefits at discharge were associated with more frequent exercising and less smoking. Among other factors, perceived benefits at discharge were predicted by attentive nurse behaviors toward patients and by patients' ability to initiate discussion with nurses(14).

The accompaniment of the nurse to the patient for a long time makes the patient feel safer, and the nurse has an important task compared to the other health care staff in terms of improving patient satisfaction(13).

In another study on patient satisfaction, the authors demonstrated that the nurse’s behavior toward patient needs was the most important factor that affected the level of patient satisfaction(15). It is reported that the assessment of patient satisfaction was the mainstay of planning, practicing, and evaluating nursing care.

When health care personnel recognize EI as the mainstay of success in personal and professional life, patient satisfaction is expected to increase. The support that the patient gets from the nurse, the respect that the nurse shows to the patient, the positive behaviors of the nurse toward the patient, the clear answers of the nurse to solve the patient's problems, and the accessibility of the nurse are the major factors for patient satisfaction(8).

The accompaniment of the nurse to the patient for a long time makes the patient feel safer, and the nurse has an important task compared to the other health care staff in terms of improving patient satisfaction(12). In this sense, the current study was planned to determine the relationship between perceived patient satisfaction and EI skills by nurses and also assess the importance of EI skills.

1.3. Factors associated with EI

From the perspective of Goleman [2001], emotional intelligence includes four skills of self-awareness, self-management, social awareness and relationship management (16). introducing 1. Self-awareness: self-awareness means knowledge of self and the detection of emotions in the same way that they are, 2. Social-awareness: The control of emotions in desired and appropriate way, 3. Self-management: selecting the goal, 4. Relationship management: establishing relationship surrounding people (16). Golman [2001] believe that shortcomings and weaknesses in the field of emotional intelligence is the cause of many emotional, social, and health problems in today's world (17). High emotional intelligence is correlated with extraversion, flexibility, identifying different emotions and feelings and coordinating feelings and providing desired life (17).

Nurses' EI has recently been studied in several contexts. The most common attributes of EI reported by nurses were empathy, problem solving, and emotional awareness. Studies have demonstrated that the mean score of nurses' EI was within the average range and overall, does not differ by age, specialty, level of education, or gender. A study of nurses' EI in the Netherland demonstrated higher EI means scores of mental health nurses compared to the general population Nurses who reported high levels of EI indicated that they engaged in more ethical behavior (. In addition, higher EI among clinical nurses has been shown to play a role in organizational justice, especially in regard to interpersonal and informational aspects of relationships(18).

1.3. Significance of the study

The research aims to provide information on perceived patient satisfaction and emotional intelligence of nurses working in oncology units. Its findings can be used to patients and society at large to design and implement programs and to improve quality of life of patients with cancer. Thereby improving quality of health care to patients with cancer. It also helps healthcare providers to improve quality of health care and prevent the nurse from burn out, which Allow for effective leadership. In addition, it will provide further baseline information for other researchers who want to study on related topics.

1.4. Conceptual framework

This conceptual frame work shows the effect of Independent variable on dependent variables of EI.

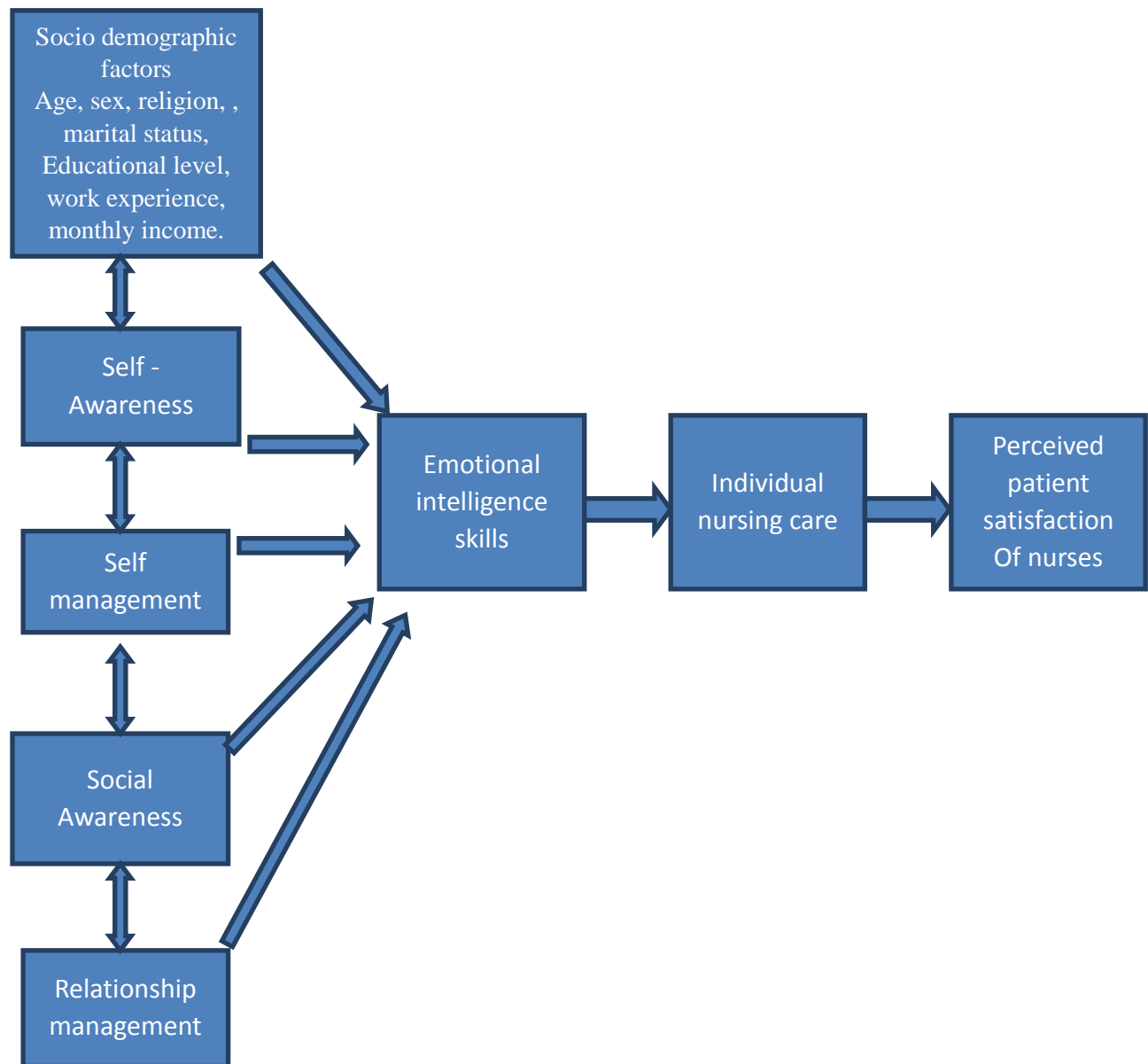


Fig. 1: - conceptual framework to assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology units.

CHAPTER 3

Objectives

2.1. General objective

- ❖ To Assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology unit at selected hospitals, Addis Ababa, Ethiopia, 2020

2.2. Specific objectives

- ❖ To determine the magnitude of perceived patient satisfaction among nurses working in oncology unit at selected hospitals Addis Ababa, Ethiopia, 2020.
- ❖ To determine the emotional intelligence skills of nurses working in oncology unit at selected hospitals Addis Ababa, Ethiopia, 2020.

CHAPTER 4

Materials and Methods

3.1. Study area and period

The study was conducted in Addis Ababa, which is the capital city of Ethiopia, and the seat of the African Union & Economic Commission for Africa is situated at the heartland of Ethiopia, with a population of 3,384,569 in an area of 540 square kilometers. The population pyramid is broad-based, typical of a developing world. People from different regions of Ethiopia populate the city; consists of a total of 93 health facilities including Hospitals; out of which 5 hospitals owned by Addis Ababa Health Bureau, 4 hospitals owned by Federal MOH (Central), 1 Addis Ababa University, 2 Ministry of defense, 1 police force, which provide different health services. In addition, there are about 23 health centers, 9 clinics, and 34 health posts. Among these 13 Hospitals; the study was conducted at selected governmental hospitals where they provide cancer care service in Addis Ababa. Black lion teaching referral hospital is managed by the federal ministry of health and it provides a wide range of services. With a total of 89 nurses working in oncology units, Black lion teaching referral hospital is a general hospital located in Lideta sub-city administration. Zewiditu memorial hospital also a teaching hospital, with a total of 15 nurses working in oncology units. The hospital is located in Cherkos sub-city and St-paul is also a teaching hospital with a total of 17 nurses working in oncology unit. the hospital is located in Gulele sub-city of Addis Ababa. The study was conducted from February 20 to April 20.

3.2. Study design

An Institution based cross-sectional study design was used to determine the relationship between perceived patient satisfaction and emotional intelligence skills of nurses working in oncology unit at selected Hospitals, Addis Ababa, Ethiopia, 2020.

3.3. Source and Study population

The Source population: - The source population of this study was all nurses who work in oncology units at selected hospitals, Addis Ababa.

The study population: - The study population of this study was all nurses working in oncology unit at selected hospitals during the study period. And meets the inclusion criteria.

3.4. Study variables

Dependent variables: - perceived patient satisfaction and emotional intelligence.

Independent variables: - Socio-demographic factors (sex, age, religion, and marital status, year of work experience, education, and monthly income) was considered as independent variables of this study.

3.5. Inclusion and exclusion criteria

Inclusion Criteria

This study was bounded with inclusion criteria of nurses who workers greater than three-year work experience in oncology and volunteer to participate in the study during the study.

Exclusion criteria

All nurses who were on annual leave, maternal leave and seriously ill at the time of the study. Attending external training courses off-site during the period of the study and nurses working in oncology units was excluded from the study.

3.6. Sample size determination

Census method was used; the sample size of the study participant is equal to the total population of nurses who are working in selected governmental hospitals in oncology units.

3.7. Sampling Technique and Procedures

The population includes all nurses working in cancer units of selected hospitals in the city of Addis Ababa Among these 13 Hospitals; by using simple random sampling 3 hospitals taken. The study was conducted at TASH, Zewditu Memorial and St. Paul hospitals in Addis Ababa.

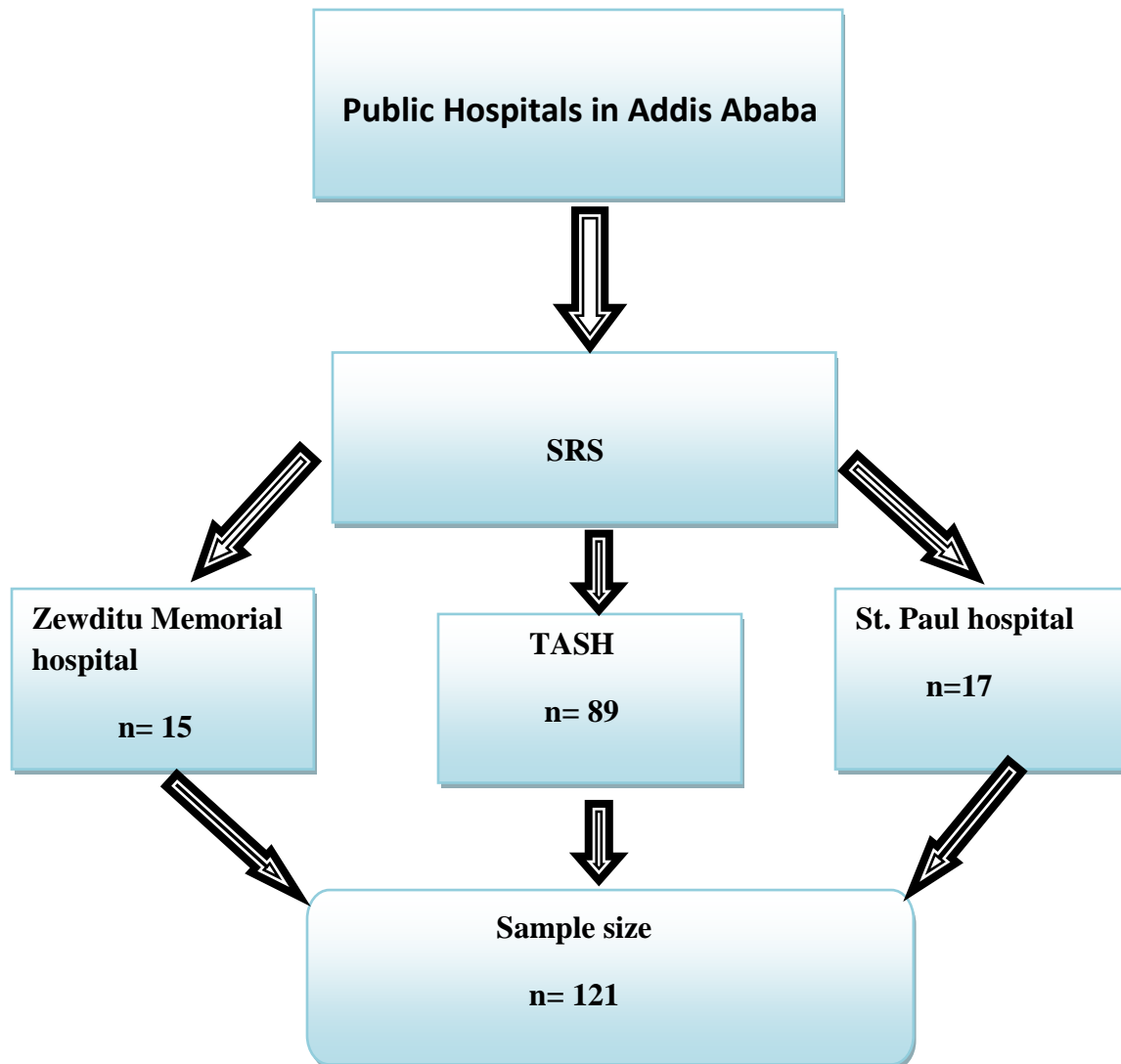


Figure 2: Schematic presentation of sampling procedure used to select study participants from selected public hospitals in Addis Ababa, 2020.

3.8. Data Collection Tool and procedure

Data was collected with structured and standardized self-administered questionnaire by trained health professionals. Part-I includes information about socio-demographic characteristics (age, sex, religion, educational status, marital status, monthly income).and part- II includes EI self-assessment questionnaire (self-awareness, self-management, social awareness, relationship management). And part- III includes, perceived patient satisfaction questionnaire. The tool is Adapted from a model by Paul Mohape (19) All questionnaires provided in English version. Data was collected by three trained Bsc nurses. The entire data collection period was supervised by one trained health professional and the principal investigator.

3.9. Data Quality Assurance

Before the actual data collection pretest was done on 5% of sample size by the principal investigator which was included in the actual study. Problems with clarity and relevance in the instrument during the pretest were addressed. To ensure data quality the data collectors were provided with one day training/orientation session was arranged for three data collector and one supervisor. The collected data was reviewed daily for its completeness, accuracy, clarity, and consistency by the supervisor and the principal investigator.

3.10. Data Management and Analysis

The data was coded, entered and cleaned using EPI Data version 3.1 and then exported into SPSS statistical software version 24 for analysis. Descriptive statistical analysis such as simple frequencies, measures of central tendency and measures of variability have used to describe the characteristics of participants. Then the information was presented using frequencies, summary measures, tables and figures. Bi-variable and multi variable analysis was used to see the association between each independent variable and the outcome variable, and between perceived patient satisfaction and EI using binary logistic regression model. Crude and Adjusted OR was used to compute.

3.11. Operational definition

Emotional intelligence skills: - The questions related to the emotional intelligence skills were asked. After the response for each question were summed up. Mean score was calculated and nurses with the mean and above the mean scores (≥ 106.8 mean) of the emotional intelligence skills measurement scale was considered having good emotional intelligence skills; whereas those nurses with below the mean scores of the emotional intelligence skills measurement scale was considered having poor emotional intelligence skills.

Perceived patient satisfaction: - The questions related to the perceived patient satisfaction were asked. After the response for each question were summed up. Mean score was calculated and nurses with above the mean scores (≥ 10.73 mean) of the perceived patient satisfaction measurement scale was considered having good perception on patient satisfaction; whereas these nurses with below the mean scores of the perceived patient satisfaction measurement scale was considered having poor perception on patient satisfaction.

3.12. Ethical considerations

Ethical clearance was obtained from Research and ethical committee (REC) of school of nursing and midwifery, AAU for appropriateness and scientific content of the study. Using ethical clearance letter obtained from the department of nursing permission is requested to TASH, Zewditu memorial and St.paul hospitals to get permission for conducting the Study. Each study participant was adequately informed about the objective of the study and anticipated benefit and risk of the study by their data collector. Having official letter from responsible body. All individuals working in oncology clinic was informed and briefed about the objectives of the study.

3.13. Dissemination plan

The result will be submitted to the Department of Nursing and Midwifery, College Of Health Science, Addis Ababa University, TASH, Zewiditu memorial, St.paul hospitals and other stakeholders. Presentation at professional, local, national, and international meetings and publication in peer reviewed national or international journals was attempted.

CHAPTER 5

Result

4.1. Socio demographic characteristics of the study participants

A total of all nurses working in oncology unit were targeted for the study and all of 121 were responded and making the response rate 100%. About 97 (80%) of study participants were female and the dominant religion was orthodox Christian which was 82(67.8%). The percentage distribution of nurses working in oncology unit according to the educational level 104 (86%) of them had degree, 11 (9.1%) of them had masters and 3 (2.5%) of them had diploma (Table 1).

Table 1: socio demographic characteristics of the respondents at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | Category | Percentage | Frequency |
|-------------------|-----------|------------|-----------|
| Sex | Female | 97 | 80.2 |
| | Male | 24 | 19.8 |
| Age | 20-25 | 7 | 5.8 |
| | 25-30 | 73 | 60.3 |
| | 30-35 | 20 | 16.5 |
| | 35-40 | 9 | 7.4 |
| | 40-45 | 6 | 5 |
| | >45 | 6 | 5 |
| | Religion | Orthodox | 82 |
| Muslim | | 11 | 9.1 |
| Protestant | | 22 | 18.2 |
| Other | | 6 | 5 |
| Marital status | Married | 64 | 52.9 |
| | Single | 56 | 46.3 |
| | Separated | 1 | 0.8 |
| Educational level | Diploma | 3 | 2.5 |
| | BSC | 104 | 86 |
| | MSC | 11 | 9.1 |
| | Others | 3 | 2.5 |
| Service year | 2-3 | 17 | 14.1 |
| | 4-5 | 51 | 42.1 |
| | >5 | 53 | 43.8 |
| Monthly income | 3000-5000 | 30 | 24.8 |
| | 5000-7000 | 40 | 33.1 |
| | 7000-9000 | 38 | 31.4 |
| | >9000 | 13 | 10.7 |

4.2. Emotional Intelligence

In this study among the total of 121 of nurses working in oncology unit 30.6% of them were often their feelings are clear to themselves at any given moment and 23.1% of them were always emotions play an important part in their life.

According to this study among the participated nurses those working in oncology unit, 28.1% of them were sometimes they found it easy to describe their feelings and 34.7% of them often they found it easy to make goals and stick with them (Table 2).

Table 2: Emotional Intelligence of the respondents at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | Never n(%) | Rarely n(%) | Sometimes n(%) | Often n(%) | Always n(%) |
|---|---------------|----------------|-------------------|---------------|----------------|
| My feelings are clear to me at any given moment | 1(0.8%) | 9(7.4%) | 45(37.2%) | 37(30.6%) | 29(24%) |
| Emotions play an important part in my life | 5(4.1%) | 14(11.6%) | 32(26.4%) | 42(34.7%) | 28(23.1%) |
| My moods impact the people around me | 8(6.6%) | 14(11.6%) | 47(38.8%) | 39(32.2%) | 13(10.7%) |
| I find it easy to explain my feelings | 6(5%) | 18(14.9%) | 36(29.8%) | 36(29.8%) | 25(20.7%) |
| My moods are easily affected by external events | 10(8.3%) | 16(13.2%) | 50(41.3%) | 31(25.6%) | 14(11.6%) |
| I can easily sense when I'm going to be angry | 2(1.7%) | 19(15.7%) | 55(45.5%) | 32(26.4%) | 13(10.7%) |
| I readily tell others my true feelings | 14(11.6%) | 25(20.7%) | 26(21.5%) | 28(23.1%) | 28(23.1%) |
| I find it easy to describe my feelings | 6(5%) | 26(21.5%) | 34(28.1%) | 36(29.8%) | 19(15.7%) |
| Even when I'm upset, I'm aware of what's happening to me | 3(2.5%) | 7(5.8%) | 59(48.8%) | 38(31.4%) | 14(11.6%) |
| I am able to stand apart from my thoughts and feelings and examine them | 2(1.7%) | 17(14%) | 59(59%) | 35(28.9%) | 8(6.6%) |
| I accept responsibility for my reactions | 3(2.5%) | 7(5.8%) | 22(18.2%) | 43(35.5%) | 46(38%) |
| I find it easy to make goals and stick with them | 6(5%) | 17(14%) | 35(28.9%) | 42(34.7%) | 21(17.4%) |
| I am an emotionally balanced person | 7(5.8%) | 18(14.9%) | 37(30.6%) | 43(35.5%) | 16(13.2%) |

| | | | | | |
|---|----------|-----------|-----------|-----------|-----------|
| I am a very patient person | 11(9.1%) | 17(14%) | 38(31.4%) | 29(24%) | 26(21.5%) |
| I can accept critical comments from others without becoming angry | 3(2.5%) | 18(14.9%) | 37(30.6%) | 39(32.2%) | 24(19.8%) |
| I maintain my composure, even during stressful times | 2(1.7%) | 6(5%) | 50(41.3%) | 50(41.3%) | 13(10.7%) |
| If an issue does not affect me directly, I don't let it bother me | 7(5.8%) | 14(11.6%) | 51(42.1%) | 34(28.1%) | 15(12.4%) |
| I can restrain myself when I feel anger towards someone | 6(5%) | 12(9.9%) | 51(42.1%) | 41(33.9%) | 11(9.1%) |
| I control urges to over indulge in things that could damage my well-being | 12(9.9%) | 5(4.1%) | 47(38.8%) | 42(34.7%) | 15(12.4%) |
| I direct my energy in to creative work or hobbies | 4(3.3%) | 22(18.2%) | 28(23.1%) | 47(38.8%) | 20(16.5%) |
| I consider the impact of my decisions on other people | 7(5.8%) | 7(5.8%) | 36(29.8%) | 51(42.1%) | 20(16.5%) |
| I can easily tell if the people around me are becoming annoyed | 2(1.7%) | 5(4.1%) | 32(26.4%) | 58(47.9%) | 24(19.8%) |
| I sense it when a person's mood changes | 1(0.8%) | 4(3.3%) | 31(25.6%) | 60(49.6%) | 25(20.7%) |
| I am able to be supportive when giving bad news to others | 10(8.3%) | 9(7.4%) | 26(21.5%) | 39(32.2%) | 37(30.6%) |
| I am generally able to understand the way other people feel | 1(0.8%) | 8(6.6%) | 21(17.4%) | 61(50.4%) | 30(24.8%) |
| My friends can tell me intimate things about themselves | 0(0%) | 11(9.1%) | 25(20.7%) | 46(38%) | 39(32.2%) |
| It genuinely bothers me to see other people suffer | 6(5%) | 4(3.3%) | 26(21.5%) | 33(27.3%) | 52(43%) |
| I usually know when to speak and when to be silent | 1(0.8%) | 6(5%) | 24(19.8%) | 50(41.3%) | 40(33.1%) |
| I care what happens to other people | 5(4.1%) | 3(2.5%) | 15(12.4%) | 42(34.7%) | 56(46.3%) |
| I understand when people's plans change | 1(0.8%) | 7(5.8%) | 33(27.3%) | 41(33.9%) | 39(32.2%) |
| I am able to show affection | 5(4.1%) | 5(4.1%) | 29(24%) | 45(37.2%) | 37(30.6%) |
| I am able to manage relationships well | 5(4.1%) | 2(1.7%) | 13(10.7%) | 47(38.8%) | 54(44.6%) |
| I find it easy to share my deep feelings with others | 8(6.6%) | 25(20.7%) | 34(28.1%) | 28(23.1%) | 26(21.5%) |
| I am good at motivating others | 4(3.3%) | 6(5%) | 18(14.9%) | 41(33.9%) | 52(43%) |
| I am a fairly cheerful person | 1(0.8%) | 5(4.1%) | 30(24.8%) | 33(27.3%) | 52(43%) |
| It is easy for me to make friends | 7(5.8%) | 6(5%) | 19(15.7%) | 37(30.6%) | 52(43%) |

| | | | | | |
|---|----------|---------|-----------|-----------|-----------|
| People tell me I am sociable and fun | 0(0%) | 9(7.4%) | 21(17.4%) | 34(28.1%) | 57(47.1%) |
| I like helping people | 6(5%) | 2(1.7%) | 12(9.9%) | 24(19.8%) | 77(63.6%) |
| Others can depend on me | 12(9.9%) | 8(6.6%) | 29(24%) | 34(28.1%) | 38(31.4%) |
| I am able to make someone else feel better if they are very upset | 5(4.1%) | 8(6.6%) | 26(21.5%) | 46(38%) | 36(29.8%) |

4.3. Overall emotional intelligence skills of oncology nurses

Among participants 73 (60.3 %) were reported having good emotional intelligence skills, and 48 (39.7%) reported having poor emotional intelligence skills within the mean score of 106.8 (fig 3).

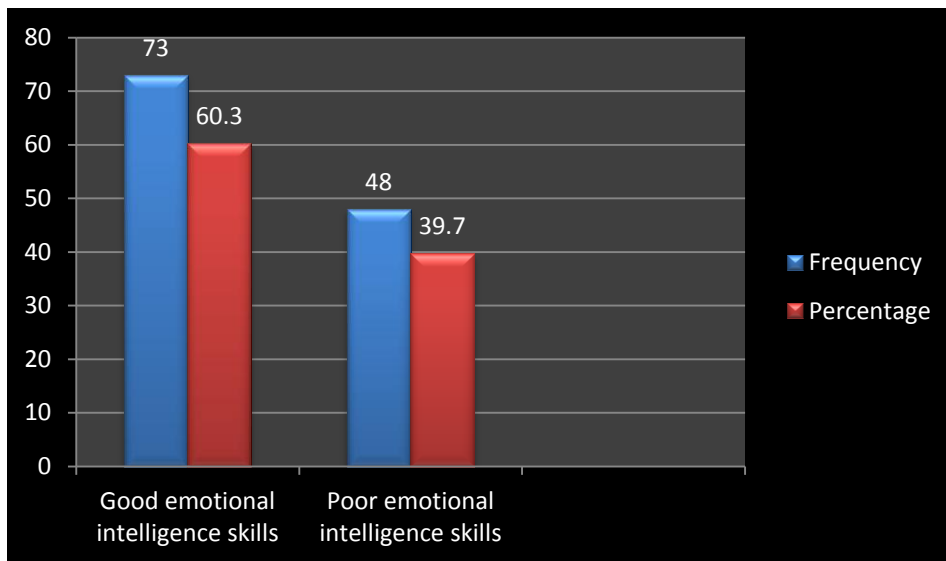


Fig3: Over all emotional intelligence skills of oncology nurses in selected public hospital, Addis Ababa Ethiopia, 2020.

4.4. Factors associated to good emotional intelligence

Bivariable and multivariable analysis was performed between good emotional intelligence (dependent variable) and socio demographic status of Nurses (independent variable). Binary Logistic regression was performed to assess the association of each independent variable with good emotional intelligence. The factors that showed a p-value of 0.25 and less were added to multivariate regression

model. In multiple logistic regression analysis: Service year and monthly income remains significantly associated with good emotional intelligence.

Those nurses who had greater than 5 service year were 3.7 times to have a good emotional intelligence {(AOR=3.7;(2.22, 5.22)} compared to those had less than 5 service year and nurses who have monthly income between 5000 and 7000 were 4.01 times to have a good emotional intelligence {(AOR=4.01;(1.22, 13.17)} compared to nurses who have monthly income between 3000 and 5000 (Table 3).

Table 3: Factors associated to good emotional intelligence at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | | Good emotional intelligence | | COR(95%CI) | AOR(95%CI) |
|----------------|-----------|-----------------------------|------------|---------------------------|---------------------------|
| | | Yes | No | | |
| Sex | Female | 61(79.2% %) | 36 (81.8%) | 0.84 (0.33,2.17) | 0.79(0.27, 2.34) |
| | Male | 16 (20.8%) | 8 (18.2%) | 1 | 1 |
| Age | 20-25 | 3 (3.9%) | 4(9.1%) | 0.15 (0.11, 2.05) | 0.11 (0.004, 3.23) |
| | 25-30 | 44(65.9%) | 29 (57.1%) | 0.3.3 (0.03, 2.73) | 0.13 (0.008, 2.11) |
| | 30-35 | 13 (16.9%) | 7 (15.9%) | 0.37 (0.036,3.83) | 0.16 (0.009, 2.72) |
| | 35-40 | 7 (9.1%) | 2(4.5%) | 0.7 (0.04,10.01) | 0.69 (0.03, 14.1) |
| | 40-45 | 5 (6.5%) | 1(2.3%) | 1 (0.048,20.82) | 1.06 (0.04, 23.7) |
| | >45 | 5 (6.5%) | 1(2.3%) | 1 | 1 |
| Marital status | Married | 40 (51.9%) | 24 (54.5%) | 1 | 1 |
| | Single | 36 (46.8%) | 20(45.5%) | 1.08 (0.51,2.27) | 3.5 (0.08, 11.3) |
| | Separated | 1 (1.3%) | 0 (0%) | ----- | ----- |
| Service year | <5 year | 36 (46.8%) | 32 (72.7%) | 1 | 1 |
| | >5 year | 41 (53.2%) | 12 (27.3%) | 3.03 (1.36, 6.76) | 3.7 (2.22, 5.22) |
| Income | 3000-5000 | 13 (16.9%) | 17 (38.6%) | 1 | 1 |
| | 5000-7000 | 30 (39.0%) | 10 (22.7%) | 3.92 (1.41, 10.84) | 4.01 (1.22, 13.17) |
| | 7000-9000 | 25 (32.5%) | 13 (29.5%) | 2.51 (0.93, 6.73) | 0.67 (0.11, 3.98) |
| | >9000 | 9 (11.7%) | 4 (9.1%) | 2.94 (0.73, 11.71) | 0.18 0.01, 2.48) |

4.5. Perceived Patient Satisfaction

Among the total of the nurses those working in oncology unit 62.8%, 93.4%, 86% were agreed regarding to the length of time that their patient had to wait to be seen was reasonable, their patient was involved and informed in decisions about his/her care and their patient was involved in the planning of his/her care respectively whereas 37.2% of the participants did not agree on the length of time that their patient had to wait to be seen was reasonable (Table 4) .

Table 4: Perceived Patient Satisfaction of the respondents at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | Agree n(%) | Disagree n(%) |
|---|-----------------------|--------------------------|
| The length of time that your patient had to wait to be seen was reasonable | 76(62.8%) | 45(37.2%) |
| your patient was involved and informed in decisions about his/her care | 113(93.4%) | 8(6.6%) |
| your patient was involved in the planning of his/her care | 104(86%) | 17(14%) |
| your patient was listened reasonably | 114(94.2%) | 7(5.8%) |
| your patient was explained the treatment / health advice in a way that he/she could understand | 108(89.3%) | 13(10.7%) |
| your patient was given enough privacy when treated or advised | 70(57.9%) | 51(42.1%) |
| your patient was seen in a clean and safe environment | 77(63.9%) | 44(36.4%) |
| your patient had confidence and trust in the health care person who was treating / advising him/her | 109(90.1%) | 12(9.9%) |
| your patient was treated with dignity at all times | 108(89.3%) | 13(13%) |

4.6. Overall good perception on patient satisfaction

Out of 121, above half 65 (53.7%) of the participants had good perception on patient satisfaction whereas 56 (46.3%) had poor perception on patient satisfaction (fig 4).

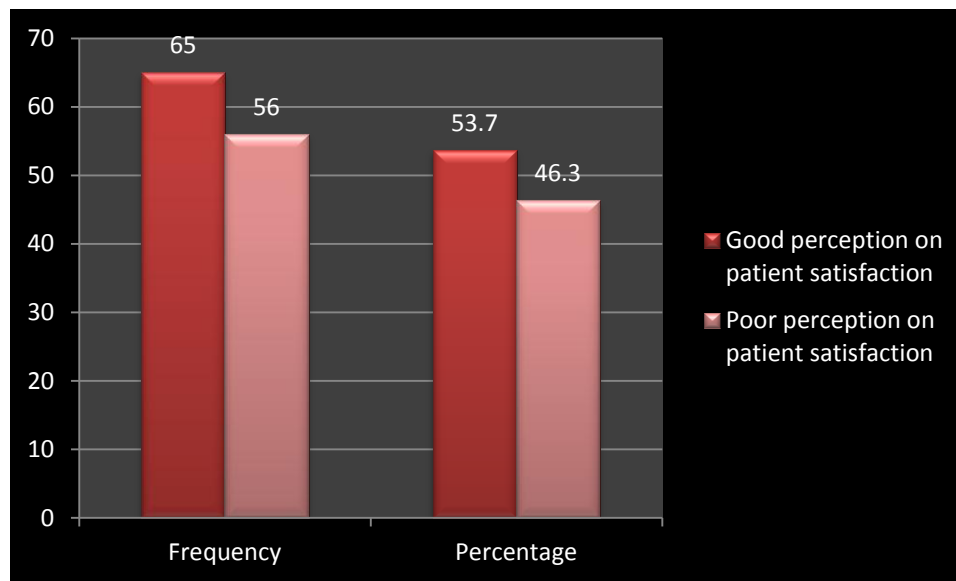


Fig4: Over all good perception on patient satisfaction of oncology nurses in selected public hospital, Addis Ababa Ethiopia, 2020.

4.7. Factors associated to good perception of patient satisfaction

Bivariable and multivariable analysis was performed between good perception on patient satisfaction (dependent variable) and associated factors (independent variable).

Binary Logistic regression was performed to assess the association of each independent variable with good perception on patient satisfaction. The factors that showed a p-value of 0.25 and less were added to multivariate regression model.

Nurses those had good emotional intelligence were 3.8 times {**AOR=3.8; CI (1.64-8.8)**} more likely to have good perception on patient satisfaction compared to nurses those have no good emotional intelligence (Table 5).

Table 5: Factors associated to good perception on patient satisfaction at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | | Good perception on patient satisfaction | | COR(95%CI) | AOR(95%CI) |
|-----------------------------|---------|---|------------|---------------------------|------------------------|
| | | Yes | No | | |
| Good emotional intelligence | Yes | 16 (24.6%) | 28 (50.0%) | 3.06 (1.41, 6.614) | 3.8 (1.64, 8.8) |
| | No | 49 (75.4%) | 28 (50.0%) | 1 | 1 |
| Sex | Female | 54 (83.1%) | 43 (76.8%) | 1 | 1 |
| | Male | 11 (16.9%) | 13 (23.2%) | 0.67 (0.27, 1.65) | 0.54 (0.2, 1.4) |
| Age | 20-25 | 3 (4.6%) | 4 (7.1%) | 0.75 (0.08, 6.71) | 1.13 (0.09, 13.7) |
| | 25-30 | 43 (66.2%) | 30 (53.6%) | 1.43 (0.27, 7.59) | 1.8 (0.27, 12.6) |
| | 30-35 | 11 (16.9%) | 9 (16.1%) | 1.22 (1.97, 4.59) | 1.5 (0.22, 11.1) |
| | 35-40 | 3 (4.6%) | 6 (10.7%) | 0.5 (0.06, 4.15) | 0.45 (0.04, 4.2) |
| | 40-45 | 2 (3.1%) | 4 (7.1%) | 0.5 (0.049, 5.15) | 0.4 (0.03, 4.5) |
| | >45 | 3 (4.6%) | 3 (5.4%) | 1 | 1 |
| Work experience | <5 year | 37 (56.9%) | 31 (55.4%) | 1 | 1 |
| | >5 year | 28 (43.1%) | 25 (44.6%) | 0.93 (0.45, 1.92) | 0.96 (0.35, 2.5) |

* Where significant at P-value < 0.05, COR=Crude odds ratio, AOR=Adjusted odds ratio, CI= confidence interval

4.8. Relationship between Emotional intelligence and perceived patient satisfaction

To show the relationship between Emotional intelligence and perceived patient satisfaction cross tabulation was performed. Among those agreed on the length of time that their patient had to wait to be seen was reasonable 65.8% of them had good emotional intelligence. Out of those agreed on their patient was involved in the planning of his/her care and their patient was explained the treatment/health advice in a way that he/she could understand 65.4% and 63.9% had good emotional intelligence respectively. Among those agreed on their patient had confidence and trust in the health care person who was treating/advising him/her 67.0% of them had good emotional intelligence while 33.0% of them had no good emotional intelligence (Table 6).

Table 6: Relationship between Emotional intelligence and perceived patient satisfaction at selected hospital, Addis Ababa, Ethiopia, 2020 (n=121).

| Variables | Category | Good emotional intelligence | |
|---|----------|-----------------------------|------------|
| | | Yes | No |
| The length of time that your patient had to wait to be seen was reasonable | Agree | 50 (65.8%) | 26 (34.2%) |
| | Disagree | 27 (60.0%) | 18 (40.0%) |
| Your patient was involved and informed in decision about his/her care | Agree | 72 (63.7%) | 41(36.3%) |
| | Disagree | 5 (62.5%) | 3 (37.5%) |
| Your patient was involved in the planning of his/her care | Agree | 68 (65.4%) | 36 (34.6%) |
| | Disagree | 9 (52.9%) | 8 (47.1%) |
| Your patient was listened reasonably | Agree | 71 (62.3%) | 43 (37.7%) |
| | Disagree | 6 (85.7%) | 1(14.3%) |
| Your patient was explained the treatment/ health advice in a way that he/she could understand | Agree | 69 (63.9%) | 39 (36.1%) |
| | Disagree | 8 (61.5%) | 5 (38.5%) |
| Your patient was given enough privacy when treated or advised | Agree | 48 (68.6%) | 22 (31.4%) |
| | Disagree | 29 (56.9%) | 22(43.1%) |
| Your patient was seen in a clean and safe environment | Agree | 48 (62.3%) | 29 (37.7%) |
| | Disagree | 29 (65.9%) | 15 (34.1) |
| Your patient had confidence and trust in the health care person who was treating/advising him/her | Agree | 73 (67.0%) | 36 (33.0%) |
| | Disagree | 4 (33.3%) | 8 (55.7%) |
| Your patient was treated with dignity at all times | Agree | 67 (62.0%) | 41 (38%) |
| | Disagree | 10 (76.9%) | 3 (23.1%) |

CHAPTER 6

Discussion

This Institutional based cross-sectional study has attempted to assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology unit at selected hospitals, Addis Ababa, Ethiopia.

Nurses' emotional intelligence helps them to create a positive work environment in various unfavorable situations in order to provide patients care in a supportive manner. Nurses' emotional intelligence has a direct effect on the quality of hospital services (17). There was a statistically significant positive association between perceived patient satisfaction and emotional intelligence of nurses. Of the total participants, 39.7% reported having poor emotional intelligence skills. The mean age of the study participants was 20.41 ± 3.73 years and this was in line with the study conducted in Turkey where the mean age of the total participated nurses was 32.76 ± 6.4 years (8).

The study found that more than half of the study participants had good emotional intelligence skills. The level of emotional intelligence skills was found to be high in this study, more than half of respondents were had good emotional intelligence skills. Emotional intelligence skills documented in this study finding was consistent with the findings in China where about half of nurses had high levels of emotional intelligence (18). And also, the comparable finding was reported in the study done in South Africa where the emotional intelligence of the participants was found to be in the higher range (19). In a previous study, reported that psychiatrists, social service experts, elderly care experts, family doctors, physiotherapists, and nurses were the individuals who were expected to have a high level of EI in order to achieve success and satisfaction (20).

However there was incomparable finding in the study conducted in Iran where the emotional intelligence score was reported to be of low level. The Iran study further revealed that there was no significant relation between emotional intelligence with factors as age, sex, marital status, education level, and the working experience (21). This finding was incomparable with the current finding where nurses experience and monthly income were significantly associated with emotional intelligence skill. The difference of the result might be due to cultural and educational differences in various

communities. These results remind us that emotional intelligence can be learned and developed at any marital status, education level, age, and gender.

Regarding to the relationship between perceived patient satisfaction and emotional intelligence skills of nurses, in the current study those had good emotional intelligence were more likely {AOR=3.8; CI (1.64-8.8)} to have good perception on patient satisfaction. The present finding was in support with a study conducted in Turkey where there was positive relationship between the high levels of emotional intelligence of the nurses and the high levels of patient satisfaction. In this study, a positive and statistically significant meaningful relationship was observed between the satisfaction scores of the patients and emotional intelligence skills of the nurses (8). In another research conducted suggested that the emotional intelligence level of the nurses was the determinant factor for care behaviors that can influence the satisfaction of the patients towards the care (11). The study found that there was a strong positive correlation between EI and performance. This means that high EI in a nurse is better performance rate in the organization which may have impact on satisfaction of the patients (22).

The good emotional intelligence scores of nurses in this study may partly attributable to the demographic characteristics of the subjects. Those nurses who had greater than five years' experience were more likely to have a good emotional intelligence {(AOR=3.7;(2.22, 5.22)} compared to those had less than five service year. They may, therefore, be better able to recognize, analyze and respond to emotions, and cope with difficult situations when they got more experience. Other study also found that there is a direct and statistically significant relationship between the years of experience of a nurse and their emotional intelligence (23) In other study done in Turkey on the relationship between patient satisfaction and emotional intelligence skills of nurses working in surgical clinics there was significant association with demographic characteristics of the study participants (8).

The most important emphasis in bringing about a change should be placed on enabling nurses to utilize their time more efficiently. Inadequate management styles, which result in nurses being caught up in ill-defined routine care, need to be changed so that nurses are able to prioritize the care they believe to be important. Nonetheless, further large-scale studies are required to confirm our study findings. We also suggest that programs for developing the EI of nurses, both during their education and during practice, be prepared and nurses encouraged to take part in these programs. The effectiveness of these programs should be measured. The administration can tailor and support these programs to make the programs more effective and to provide more robust scientific data.

CHAPTER 7

Strengths and limitation of the study

6.1. Strengths

- This study is the first study that attempted to assess nurse's emotional intelligence related perceived patient satisfaction
- Standard and valid questionnaire used in other studies was adopted and used for this study
- High response rate

6.2. Limitation

- Lack of literatures hinders further discussion and comparison
- The measurement of emotional intelligence and perceived patient satisfaction is done by using a self-administered questionnaire that may lead to bias in the responses by the participants.
- Since the study design is cross sectional it cannot revealed cause effect

CHAPTER 8

Conclusion and Recommendation

7.1. Conclusion

The study found that there was a relatively good emotional intelligence skill and also came up with Clinical experience and monthly income had significantly associated with emotional intelligence skill of oncology nurses. Emotional intelligence was positively associated to perceived patient satisfaction. In conclusion, our study results show that as the level of emotional intelligence skills of nurses increases, the perceived satisfaction level of patients for whom the nursing care is provided also increases. These results may be useful for nurse administrators who wish to develop strategies that support nurses to improve emotional intelligence. There is a need to design emotional intelligence skill increasing intervention plan and implementation.

7.2. Recommendation

Hospitals

- Have to prepare training for developing the emotional intelligence of nurses during practice and then measure the effectiveness of this training.
- Since the emotional intelligence associated to the experience, the hospital provide training during new staff hired.

Nursing school

- Nursing school should give more attention on emotional intelligence skill course during pre-service education.

Other researchers

- Further incorporate other factors using longitudinal or qualitative study designs.
- Interventional study should be done that include examining the effect of interventions to increase the emotional intelligence of nurses.
- Examination of EI among nursing students should be explored for enhancement during their education programs.

ANNEXS

ANNEX I: References

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ANNEX- II: QUESTIONNAIRE

Information and Consent Form

Research Title: Relationship between Perceived patient satisfaction and Emotional intelligence of nurses working in oncology units at TASH, Zewiditu memorial Hospital and St.paul referral Hospitals Addis Ababa, Ethiopia

Dear Respondent:

Introduction: My name is _____ and I am one of the data collectors entitled for the study being conducted at Addis Ababa University, School of Nursing and Midwifery. I kindly request you to participate in a study after you have understood the following information sheet.

Purpose of the study: The study aimed to assess the relationship between perceived patient satisfaction and emotional intelligence of nurses working in oncology unit at TASH, Zewiditu Memorial, and St.Paul Referral Hospitals, Addis Ababa, Ethiopia, 2020 The research proposal has been approved by the Ethical and Review Committee of the Addis Ababa University, School of Nursing and Midwifery.

Role and benefit of participant: Your involvement in the study includes participation in giving your honest response to the questions. The study has no immediate benefits to the respondents, but will have benefits later in improving quality of health care in our Country Ethiopia.

Harm of the study: There are no foreseeable physical, psychological or social risks or discomforts involved in participating in this study.

Confidentiality: Confidentiality will be ensured by not using your name or address on the questionnaire and final thesis report.

Rights of the participant: The participation in this study is voluntary; you can also withdraw at any time from the study if you feel uncomfortable. Refusal to participate will not affect your work.

If you have any questions about the research or any related matters, please contact the researcher at
Phone number +251913255771

Address: Email rahelasrat2007@gmail.com

Your participation will be greatly appreciated.

Respectfully,

Consent form

I understand the nature of the study, benefits, and my right to voluntary participation, confidentiality and withdrawal from the study without any victimization. I have had the opportunity to ask questions and answered to my satisfaction.

I hereby freely consent to take part in this study.

Agreed _____

Don't agree _____

Date _____

Part I: Socio-demographic characteristics

| No. | Question | Response category | Remarks |
|-----|---|--|---------|
| 1. | Sex of the Nurse | 1. Female 2. Male | |
| 2. | What is the Age of the Nurse? | _____ Years | |
| 3. | What is the Religion of the Nurse? | 1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5. Other (specify)----- | |
| 4. | What is the Marital status of the Nurse? | 1. Married 2. Single 3. Widowed 4. Divorced 5. Separated 6. other (specify)_____ | |
| 5. | What is the educational level of the Nurse? | 1. Diploma with nursing 2. BSC with nursing 3. MSC with nursing 4. Others(specify)----- | |
| 6 | Year of work experience | 1. One year 2. Two years 3. Three years 4. Four years 5. Five years 6. Other (specify)..... | |
| | What is your monthly income | _____ in Ethiopian birr | |

Part II: Emotional Intelligence Self-Assessment questionnaire

Complete the following self-assessment questionnaire each statement according to the instructions.

Rank each statement as follows:

Please tick (✓) 0 (Never) 1 (Rarely) 2 (Sometimes) 3 (Often) 4 (Always)

| A. Self-Awareness | Never | Rarely | Sometimes | Often | Always |
|---|-------|--------|-----------|-------|--------|
| My feelings are clear to me at any given moment | 0 | 1 | 2 | 3 | 4 |
| Emotions play an important part in my life | 0 | 1 | 2 | 3 | 4 |
| My moods impact the people around me | 0 | 1 | 2 | 3 | 4 |
| I find it easy to explain my feelings | 0 | 1 | 2 | 3 | 4 |
| My moods are easily affected by external events | 0 | 1 | 2 | 3 | 4 |
| I can easily sense when I'm going to be angry | 0 | 1 | 2 | 3 | 4 |
| I readily tell others my true feelings | 0 | 1 | 2 | 3 | 4 |
| I find it easy to describe my feelings | 0 | 1 | 2 | 3 | 4 |
| Even when I'm upset, I'm aware of what's happening to me | 0 | 1 | 2 | 3 | 4 |
| I am able to stand apart from my thoughts and feelings and examine them | 0 | 1 | 2 | 3 | 4 |
| B. Self-Management | Never | Rarely | Sometimes | Often | Always |
| I accept responsibility for my reactions | 0 | 1 | 2 | 3 | 4 |
| I find it easy to make goals and stick with them | 0 | 1 | 2 | 3 | 4 |
| I am an emotionally balanced person | 0 | 1 | 2 | 3 | 4 |
| I am a very patient person | 0 | 1 | 2 | 3 | 4 |
| I can accept critical comments from others without becoming angry | 0 | 1 | 2 | 3 | 4 |
| I maintain my composure, even during stressful times | 0 | 1 | 2 | 3 | 4 |
| If an issue does not affect me directly, I don't let it bother me | 0 | 1 | 2 | 3 | 4 |
| I can restrain myself when I feel anger towards someone | 0 | 1 | 2 | 3 | 4 |
| I control urges to over indulge in things that could damage my well-being | 0 | 1 | 2 | 3 | 4 |

| | | | | | |
|---|-------|--------|-----------|-------|--------|
| I direct my energy in to creative work or hobbies | 0 | 1 | 2 | 3 | 4 |
| C. Social Awareness | Never | Rarely | Sometimes | Often | Always |
| I consider the impact of my decisions on other people | 0 | 1 | 2 | 3 | 4 |
| I can easily tell if the people around me are becoming annoyed | 0 | 1 | 2 | 3 | 4 |
| I sense it when a person's mood changes | 0 | 1 | 2 | 3 | 4 |
| I am able to be supportive when giving bad news to others | 0 | 1 | 2 | 3 | 4 |
| I am generally able to understand the way other people feel | 0 | 1 | 2 | 3 | 4 |
| My friends can tell me intimate things about themselves | 0 | 1 | 2 | 3 | 4 |
| It genuinely bothers me to see other people suffer | 0 | 1 | 2 | 3 | 4 |
| I usually know when to speak and when to be silent | 0 | 1 | 2 | 3 | 4 |
| I care what happens to other people | 0 | 1 | 2 | 3 | 4 |
| I understand when people's plans change | 0 | 1 | 2 | 3 | 4 |
| D. Relationship Management | Never | Rarely | Sometimes | Often | Always |
| I am able to show affection | 0 | 1 | 2 | 3 | 4 |
| I am able to manage relationships well | 0 | 1 | 2 | 3 | 4 |
| I find it easy to share my deep feelings with others | 0 | 1 | 2 | 3 | 4 |
| I am good at motivating others | 0 | 1 | 2 | 3 | 4 |
| I am a fairly cheerful person | 0 | 1 | 2 | 3 | 4 |
| It is easy for me to make friends | 0 | 1 | 2 | 3 | 4 |
| People tell me I am sociable and fun | 0 | 1 | 2 | 3 | 4 |
| I like helping people | 0 | 1 | 2 | 3 | 4 |
| Others can depend on me | 0 | 1 | 2 | 3 | 4 |
| I am able to make someone else feel better if they are very upset | 0 | 1 | 2 | 3 | 4 |

Part III: Perceived Patient Satisfaction Questionnaire

Complete the following perceived patient satisfaction questionnaire by Agreeing or Disagreeing with the questions.

Please tick (✓)

| |
|---|
| <p>Question 1: The length of time that your patient had to wait to be seen was reasonable</p> <p>Agree <input type="checkbox"/> Disagree <input type="checkbox"/></p> <p>Comments:</p> |
| <p>Question 2: your patient was involved and informed in decisions about his/her care</p> <p>Agree <input type="checkbox"/> Disagree <input type="checkbox"/></p> <p>Comments:</p> |
| <p>Question 3: your patient was involved in the planning of his/her care</p> <p>Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>Comments:</p> |
| <p>Question 4: your patient was listened reasonably</p> <p>Agree <input type="checkbox"/> Disagree <input type="checkbox"/></p> <p>Comments:</p> |

Question 5: your patient was explained the treatment / health advice in a way that he/she could understand

Agree

Disagree

Comments:

Question 6: your patient was given enough privacy when treated or advised

Agree

Disagree

Comments:

Question 7. your patient was seen in a clean and safe environment

Agree

Disagree

Comments:

Question 8: your patient had confidence and trust in the health care person who was treating / advising him/her

Agree

Disagree

Comments:

Question 9: your patient was treated with dignity at all times

Agree

Disagree

Comments:

APPROVAL BY THE BOARD OF EXAMINATION

This thesis by Rahel Asrat is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in oncology nursing.

INTERNAL EXAMINER:

| | | | |
|----------------------|----------------|-----------|-------|
| <u>Dr Fikadu Aga</u> | PHD, MSN _____ | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |

External EXAMINER:

| | | | |
|-------|-------|-----------|-------|
| NAME | RANK | SIGNITURE | DATE |
| _____ | _____ | _____ | _____ |

RESEARCH ADVISORS:

| | | | |
|----------------------|--------------------|-----------|-------|
| <u>Niguse Tadele</u> | Ass.professor, MSN | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |

| | | | |
|------------------------|---------------|-----------|-------|
| <u>Tefera Mulugeta</u> | Lecturer, MSN | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |

DEPARTMENT HEAD

| | | | |
|----------------------|--------------------|-----------|-------|
| <u>Niguse Tadele</u> | Ass.professor, MSN | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |

STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Allied Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

Brief quotations from this thesis may be used without special permission provided that accurate and complete acknowledgement of the source is made. Requests for permission for extended quotations from, or reproduction of, this thesis in whole or in part may be granted by the Head of the Department or all advisers of the theses when in his or her judgment the proposed use of the material is in the interest of scholarship and publication. In all other instances, however, permission must be obtained from the author of the thesis.

STUDENT

NAME: Rahel Asrat Demessie **SIGNITURE** _____ **DATE** _____

RESEARCH ADVISORS:

| | | | |
|----------------------|-------------|------------------|-------------|
| <u>Niguse Tadele</u> | _____ | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |

| | | | |
|------------------------|-------------|------------------|-------------|
| <u>Tefera Mulugeta</u> | _____ | _____ | _____ |
| NAME | RANK | SIGNITURE | DATE |