

# Effect of Spiritual Intelligence and Emotional Intelligence on the Caring Behavior of Nurses

A Study on the Nurses Working in Private Hospitals of Karachi, Pakistan.

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**Abstract: Purpose:** The ever increase effect of commercialization and fast paced working has affected on the working style and efficiency of every organization. Nurses are considered as one of the most respectable and demanding profession in the world and a lot of emphasis is being laid on the quality of their work. Their work is highly attached with their personal commitment towards the job of handling the people and this commitment comes out of their spiritual intelligence (SI) and emotional intelligence (EI) attached in handling and caring the patients under their treatment. **Methodology:** For the purpose of this study the population was the private hospitals of Karachi, Pakistan from small to mid-size. Five hospitals were selected out of the many large to mid-size private hospitals. A convenience sample method was utilized. Sample size of 500 was selected out of which 402 provided the required response. In the case of analysis; SPSS 20.0 and Smart PLS were used to test the hypothesis in order to analyze the impact of spiritual and emotional intelligence on the behavior of the nurses. **Findings:** The effect of spiritual intelligence was found significant on the dependent variable of caring behavior; whereas the mediating variable of emotional intelligence was found insignificant in the presence of spiritual intelligence. **Implications:** The study tends to pinpoint towards the need of bringing in awareness in the nursing profession that along with technical skills they need to focus on the interpersonal and intrapersonal skills for enhancement in their career. **Originality/Value:** The study has not conflict of interest with any of the contributor. **Research limitation:** Limited time period and geographical limit of Karachi has limited the generalization of the study.

**Keywords:** Spiritual intelligence, Emotional intelligence, Caring behavior of the nurses, Health care bodies of Pakistan, nursing curriculum

## 1. INTRODUCTION

One of the blessings which any human beings wants to enjoy is a health living and that is why health is categorized as wealth by the thinkers of all times. Having a healthy and happy life is the dream of any individual. Keeping oneself healthy is a must and humans strive at their best to achieve this goal. It has been identified that 60% of a person's health status is reliant on one's healthy behavior or lifestyle (WHO, 2004). Good health requires good food and proactive approach towards health issues (Eneizan, 2017). Fortunately, this aspect of proactive approach is very effective in some regions of the world but quite large part of the world is deprived of this.

WHO and it allied bodies have left no stone unturned in this respect that no single human is left unattended for medical facility regardless of his/her nationality, religion, ethnicity or any other demographic identification as specified in article 25 of UNO declaration of human rights. This endeavor of developing and enhancing better health care facilities in the developed nations have reached a good level of satisfaction but the deprived people of developing nations are still a big challenge for the whole world. The year 2000 was set as a target by the world communities to provide the uniform level

of health care for all the people around the globe. The efforts put forward for achieving the plinth of this declaration but the geographical scenarios changes drastically from 1978 till the start of 1990. The disintegration of USSR and misbalance of world power position also exerted effects on the welfare of the mankind.

Pakistanis is a highly populated country and the growth rate is ever increasing. Pakistan is the 6th most populous country with a growth rate of 1.91% per annum and a total population of 191.71 million (GOP, Economic Survey of Pakistan 2014-15). The ever increasing population is a source of opportunity as well as the juncture of several issues. As an opportunity we can see that a large population pool can be a source of enhances venues for the public as well as private sector of develop different small setups as per the need of the vicinity/locality. In the other fold it will lead to creation of employment opportunities, along with that rising rates of urbanization as the UN is forecasting the proportion of city dwellers climbing from 34.9% of the population in 2005 to more than 50% by 2035, should continue to serve as a key driver of economic growth (Margaret, 2017). The other side of the picture is that the mushroom growth of unregistered and illegal medical health facilities has developed a highly non-professional

environment amongst the health professional starting from the hospital management, doctors, nurse and the related Para medical staff. (Ahmed & Nisar, 2010).

In Pakistan the state of health related issues is at quite deplorable stage and the least amount of attention is given by the government of Pakistan. As per the budget report of 2017-18 the Pakistan govt. has only allocated Rs. 12,847 million for uplift of the health sector. The deplorable economic condition is one of the indicators that all of these plans and policies are a meek plan for the uplifting of this sector in the long run. With a low governmental support and diminishing capacity of the general public to acquire and afford the health facility, it stands at a great extent in the hands of the people and the medical professionals to understand and inculcate the right lifestyle amongst them. The number of patients are increasing, as this increase in population is haunted by greater health unawareness and lack of maintained infrastructure in public sector, high preference is placed on the private sector hospitals and the staff related with this sector is not morally trained to handle the less educated and less health conscious populating availing health facility only in the case of any emergency. Talking specifically about the medical professionals like the doctors, nurses, ward supervisors and Para medical staff, this other side of the picture can be a very effective source for growing health cautiousness amongst the general public.

Private sector hospitals are striving to cater the high demands of the proper medical facility for the population requiring medical facilities with convince. This elite segment of population is very immune to bear the high expensive treatment at a prime cost than the public sector hospital, which is unaffordable for the majority of the population. Agha Khan Hospital, Liaquat National hospital in Karachi and Shaukat Khanum Cancer Hospital and National hospital in Lahore are some of the prominent player in this sector. In these organizations qualified staff is efficiently executing the business operations with the use of state of the art technology in order to compete in its highly competitive atmosphere. Most of these hospitals are being run by private ownership. According to IFC (a world bank group organization) report “Health and Social Work in Private Sector Hospitals” published in 2011, in Pakistan almost 62 % private hospital ownership are held on individual basis and 32 % are held on partnership basis. This high % depicts the lucrative venues available in the health sector and especially for the private entrepreneur. A large sector of the population is also being served by a number of trusts, NGOs and social welfare organizations and they have invested a lot and supported health facilities to a larger extent.

**Personal capacities of nurses and Para medical staff members**

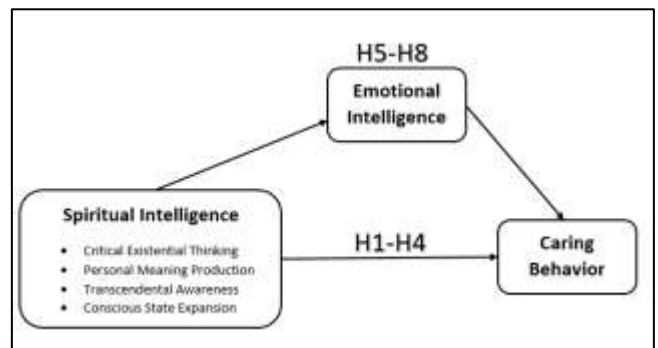
The personal capacities of the nurses and staff members are usually depended upon their personal traits and educational

level. If these nurses and staff members are clearly aware about their roles and abilities, they can perform magic, not only in bringing up the reputation of the organization as well as the profitability of the organization. It is not the only outcome of their self-actualization; the bigger picture is that the patients will be recovered earlier than usual. Recovery along with reputation will be the asset, which will help the organization to develop its competitive edge out of it.

**2. SIGNIFICANCE OF THE STUDY**

This study will be very much beneficial for the health sector. As previously acute shortage has been felt in this topic of research regarding spiritual and emotional areas of a nurse / Para medical staff in Pakistan. The findings /outcome will give a definite clear and distinct perspective to the organizations to train and develop their employee on a very different dimension. The focused audience i.e. the nurses and Para medical staff will be oriented toward self-exploration and enhancement to become a change agent in supporting and enhancing self and organizational efficiency.

More over this study will explore, develop and envision a new relation between the patient and the nurse/Para medical staff, which is either forgotten or is being not explored and worked over till now. All of these findings and outcome can be a very audacious source for the upcoming health policy makers and researchers to enhance the overall health care professional’s moral and ethical values in the society. The curricula developer of health care professions can be advised to add in soft skills along with technical skills in the course of study, making them not only technically sound as well as humanly sound and compassionate knowledge workers.



**3. CONCEPTUAL FRAMEWORK**

**Hypotheses:**

- H1: Critical existential thinking enhances to better caring behavior of nurses.
- H2: Personal meaning production enhances to better caring behavior of nurses.
- H3: Transcendental awareness enhances to better caring behavior of nurses.

H4: Conscious state expansion enhances to better caring behavior of nurses.

H5: There is a mediating role of emotional intelligence between the relationship of critical existential thinking and caring behavior of nurses

H6: There is a mediating role of emotional intelligence between the relationship of personal meaning production and caring behavior of nurses

H7: There is a mediating role of emotional intelligence between the relationship of transcendental awareness and caring behavior of nurses

H8: There is a mediating role of emotional intelligence between the relationship of conscious state expansion and caring behavior of nurses

#### 4. LITERATURE REVIEW

##### **Spiritual Intelligence:**

It is defined by the researcher that it is awareness about an individual as a person, soul, body and mind (Sisk, 2002). Spiritual intelligence is the capability of an individual that includes different features to assess or feel such as; suspicion, contemplation and hallucination in order to analyze the other individual ability to resolve the issues (Sisk, 2002). Spiritual intelligence can help the individual to become positive about life results like: developing ability to control the emotions, positive approach to accomplish objectives and increase the value of their life (Emmons, 2000). Spiritual intelligence is enabling the individual to know about the internal and external traits of the human body.

Spiritual intelligence is considered as the set of intellectual ability which enables an individual to know itself, assimilation and developing awareness about the mental strength that emerge internal characteristics (King and Decicco, 2009). In the health sciences spirituality is the main feature that is associated with the patients that do not feel spirit due to their ailment. It is being argued that the workplace spirituality can be effective to increase the job satisfaction among the nurses; that in return it will increase the efficiency of the hospital as a whole (Asghari and Shirvani, 2015). In the case of health care; nursing has certain importance about the spiritual intelligence in order to inform about the illness and develop the spirit to regain their life for that they exist (Yildiz et al, 2014).;spiritual intelligence in the professional nursing can increase the motivation and develop the spirit against their ailment and enjoy their life (Narayanasamy, 2014). It is suggested that spirituality can be multifaceted such as human and yield can be multifaceted (Bryson, 2015). Spiritual feature is associated with the human through emotions; physical, psychological and socially post health assistance give the immense thinking to ponder on the life and its existence (Yildiz et al, 2014).

##### **Emotional Intelligence:**

Emotional intelligence is being considered as the instrument for understanding the business, the colleague's emotions in

the organization, new comers at the job and those that are being promoted to undertake their abilities and capabilities to perform their activities at workplace. Emotional intelligence is the most famous topic for the researcher and it is being done in order to assess the development and impact of it on the individual and on the organization as well. Emotional intelligence includes different theories that are being presented by the different researchers (Salovey and Mayer, 1990). Emotional intelligence can be defined as the ability to encourage and consistent to avoid anger or aggravation; manage the desires and find satisfaction; keep the emotions and mood intact along with the avoidance of stress so the thinking ability will remain effective; to have compassion and zeal (Goleman, 1995). There is no generalized definition of emotional intelligence in the literature because every researcher has different perspective in order to define or describe it but at the theoretical note emotional intelligence represent the individual that functions, react on the information through emotions through the internal and external environment (Salovey and Mayer, 1990).

##### **Caring Behavior:**

Nursing is the growing occupation in the world; in that profession caring is the highly important feature. It is evident that caring is the need of the job. The general science has the certain requirement to discuss the disciple adequately but in the nursing science it requires its own description and discusses the relation in the distinctive style (Watson, 1985). The science of caring is the difficult proposition and cannot be develop the concept on the basis of assumptions because it required evident illustration and improvements. The caring of the patients is the demand of the nursing professional that is being get growth from its explanation and aesthetic illustration of caring (Henderson et al, 2007). The caring behavior is being initiated in the human caring theory on the basis of theoretical and ethical development to guide the professionals in the nursing profession along with the other individuals that are having support in this profession (Watson, 2008).

The human caring theory identifies the relation with the patients, society and rest of the individual on beyond the relations. Spirituality is not considered in the theory but there is a linkage between the caring behavior and spirituality with the others. Nurse and patient relation is not a simple association because it requires premeditated in developing the relations (O'Connell and Landers, 2008). The human caring theory emerges a new era for the health professional and nursing staff. The practice of nursing includes the spirituality, sincerity and implementation of scientific approaches to save the humans.

#### 5. METHODOLOGY

##### **Research Strategy:**

Researcher has selected deductive approach which will be helpful for the researcher to collect the data from maximum number of hospitals in order to meet the requirement of quantitative approach (Onwuegbuzie and Leech, 2005;

Alsakarneh et al, 2019). Researchers has collected the maximum responses through questionnaire regarding self awareness level of nursing staff regarding their spiritual and emotional intelligence in the private hospital industry of Karachi, Pakistan.

**Research Choice:**

There are different choices for the research such as; mono method, mixed method and multi method (Malterud, 2001). In this research study; researcher has selected quantitative approach.

**Time Horizon:**

This research study was done by the researcher in one time, therefore cross sectional study was selected because researcher had developed the hypothesis on the basis of the variables involved in the research study.

**Data Sources.**

In order to seek primary data from the targeted population, questionnaire was adopted from Kaur et al, (2013) and dropped to the different areas of population. Collected the data through the questionnaire has been done by previous studies (Eneizan & Wahab, 2016; Abdelqader Alsakarneh et al, 2018; Alkhaldeh & Eneizan, 2018). 500 hundred questionnaires in total were administered at following mentioned five hospitals. At every hospital 100 questioners were administered out of which the returns were as follows:

**Population and Sample**

The population for the researcher was the big to medium size hospitals of Pakistan and in particular Karachi. The target population of private hospitals in Karachi were those that

were having big to medium size hospital facility. The selected sample for conducting survey were the nurses as a respondents to get their responses and extract the findings from it; this sample techniques advocates the convenient sampling (Saunders & Lewis, 2009). These respondents were the nurses of the paramedical staff members that were engaged or associated with the medical care process of the the admitted patient in the hospital. For an unknown population a sample size 384 is suitable enough. (Krejcie and Morgan, 1970)

**Research Tool and Data Analysis:**

The purpose of the quantitative approach is to test the hypothesis that are being developed in order to get the information about the variable of under study in an industry (Abdulsahib et al, 2019). In this way, researcher had adopted the questionnaire for the primary data collection and collected data was analyzed with the help of statistical tools such as using of SPSS software to analyze and get the results. For the purpose of testing the hypothesis testing, SMART PLS was utilized.

**Analysis and results**

500 questionnaires were distributed to five (5) different health care institutions/ hospitals. All respondents/nurses were selected conveniently selected across the different hospitals and 80 % were retrieved. Below is the analysis of returned data.

**Demographics**

Table 1.1: Demographic characteristics of the nurses (n = 402)

Gender	Frequency	Percent	Cumulative Percent
FEMALE	247	61.4	61.4
MALE	155	38.6	100.0
Total	402	100.0	

Age ( in years)	Frequency	Percent	Cumulative Percent
18-20	56	13.9	13.9
22-30	230	57.2	71.1
31-45	116	28.9	100.0
Total	402	100.0	

Experience in years	Frequency	Percent	Cumulative Percent
1-3	117	29.1	29.1
4-8	172	42.8	71.9
9-12	77	19.2	91.0
13-18	24	6.0	97.0
18 and above	12	3.0	100.0

Qualification	Frequency	Percent	Cumulative Percent
Total	402	100.0	
CERT	6	1.5	1.5
DEG	102	25.4	26.9
DIP	294	73.1	100.0
Total	402	100.0	

Department	Frequency	Percent	Cumulative Percent
CARDIC	4	1.0	1.0
Cardio Anes	35	8.7	9.7
Cardio surg	6	1.5	11.2
Dialysis	33	8.2	19.4
ER	39	9.7	29.1
GYNE	68	16.9	46.0
HF Dialysis	21	5.2	51.2
ICU	10	2.5	53.7
MEDICAL	9	2.2	56.0
NICU	1	0.2	56.2
Non Invasive cardio	8	2.0	58.2
ONCOLOGY	98	24.4	82.6
OPD	3	0.7	83.3
OT	14	3.5	86.8
PEADS	43	10.7	97.5
Radiology	9	2.2	99.8
TECH	1	0.2	100.0
Total	402	100.0	

The major portion of the respondents were having experience of four to eight years. It depicts that the respondents were having good amount of experience in their field and have spent reasonable time in their profession. Major respondents were female (61%). In Pakistan this profession is majorly dominated by females. Males are also in good proportion (39%), which means that as per general perception in our society, males tend to opt for this profession.

Most of the participants were within the age bracket of 22-30 years (57%). It depicts that most of the people in this profession join at a younger age. Most of the people in this study consist of a "Diploma" in their related field (73%). Along with that there is also a new tendency developing in the nurses to become a qualified, registered nurse by qualifying for a degree program, which account for 25% in this study.

**Cronbach` Alpha/ Composite Reliability /AVE**

	CB	CET	CSE	EI	PMP	TA	Alpha	CR	AVE
Caring Behavior	1						0.687	0.809	0.515
Critical Existential Thinking	0.811	1					0.324	0.651	0.447

<b>Conscious State Expansion</b>	0.637	0.604	1				0.28	0.719	0.572
<b>Emotional Intelligence</b>	0.622	0.612	0.729	1			0.695	0.814	0.529
<b>Personal Meaning Production</b>	0.661	0.613	0.678	0.596	1		0.309	0.743	0.591
<b>Transcendental Awareness</b>	0.587	0.645	0.698	0.655	0.711	1	0.616	0.765	0.394

Value of coefficient rho\_A must be > 0.7 and Composite Reliability >0.6 (Dijkstra & Henseler, 2015). Average Variance Extracted (AVE) should be higher than 0.5 but it can accept 0.4. Because Fornell and Larcker said that if AVE is less than 0.5, but composite reliability is higher than 0.6, the convergent validity of the construct is still adequate (Fornell & Larcker, 1981)

**Hypotheses Testing**

**Direct Effect (H1 to H4)**

	<b>R Square</b>	<b>R Square Adjusted</b>
<b>CB</b>	0.322	0.318

The R-square value of 0.322 for the dependent variable Caring Behaviour shows that around 32% of the variation in the dependent variable is caused by the model.

	Coefficient	T-Value	P-Value
Critical Essential Thinking → Caring Behavior	0.074	0.05	0.22
Personal Meaning Production → Caring Behavior	1.223	8.17	0.00
Transcendental Awareness → Caring Behavior	0.990	8.83	0.00
Conscious State Expansion → Caring Behavior	0.441	7.25	0.00

**Indirect Effect (Mediation Analysis) H5 to H8**

	Coefficient	T-Value	P- Value
Critical Essential Thinking → Emotional Intelligence → Caring Behavior	0.055	1.514	0.18
Personal Meaning Production → Emotional Intelligence → Caring Behavior	0.08	1.178	0.21
Transcendental Awareness → Emotional Intelligence → Caring Behavior	0.035	1.683	0.11
Conscious State Expansion → Emotional Intelligence → Caring Behavior	0.074	0.452	0.49

**Hypothesis Assessment Summary**

Hypothesis	P values/ Sig	Decision
H1: Critical existential thinking enhances to better caring behavior of nurses.	0.22	Not Supported
H2: Personal meaning production enhances to better caring behavior of nurses.	0.00	<b>Supported</b>
H3: Transcendental awareness enhances to better caring behavior of nurses.	0.00	<b>Supported</b>
H4: Conscious state expansion enhances to better caring behavior of nurses.	0.00	<b>Supported</b>
H5: There is a mediating role of emotional intelligence between the relationship of critical existential thinking and caring behavior of nurses	0.18	<b>Not Supported</b>
H6: There is a mediating role of emotional intelligence between the relationship of personal meaning production and caring behavior of nurses	0.21	<b>Not Supported</b>
H7: There is a mediating role of emotional intelligence between the relationship of transcendental awareness and caring behavior of nurses	0.11	<b>Not Supported</b>
H8: There is a mediating role of emotional intelligence between the relationship of conscious state expansion and caring behavior of nurses	0.49	<b>Not Supported</b>

The acceptance of H2,H3,and H4 tends to emphasis that the nursing staff working at different private hospitals are quite

aware about the job performed by them and they try to put in more and more meaning in it.

Rejection of critical existential thinking is an outcome due to the cultural and environmental factor. As most of the respondents were in their age bracket of 20 -30 years, so in

this period they might be at their full length to contribute in the health sector but may lack thinking about themselves that what is the purpose of their own life. It has been observed in our region of the world that people are working for a cause, but they don't know the meaning and purpose of it, that why they are doing it. Take the example of political worker who contributes a lot in the effort and activities of his party, but may lack the real reason that how and why he or she is here. Hadi (2017) has reported the same finding in his paper in which the study was conducted on 172 nurses in the region of Malaysia and Indonesia and emotional intelligence was not found as significant as spiritual intelligence and the major factor found influential in his study were job burnout.

## 6. CONCLUSION

Based upon the study findings it is quite clear from the results that the focused population i.e. the nurses working in the private hospitals are quite aware about their spiritual and emotion aspects but as a matter of fact they were able to provide a better feedback about the utilization of their spiritual intelligence aspect whereas the factor of emotional intelligence is not properly utilized and identified during the course of their job performance in the hospital. It is a fact that both factors are very critical in the performance of the nurse i.e. the caring behavior. As caring behavior is highly personal attribute of an employee and specially a nurse.

Moreover, the emotional aspect i.e. the emotional intelligence of the nurses is not found positive in the context of Pakistan. This is not very astonishing in the local aspect. The kind of population/ people we have in Pakistan and the kind of education and brought we have in our society; it does not support a person to build and develop a high emotional IQ. The curricula not only at the primary level as well as related to the nurses in their diploma, certificates (related to the profession) does not consist of anything other than the technical skills required in the field. Intelligence cannot be defined and measured because it is highly sensitive and depending upon the relations of the individual to an act to the situation. Similar has been reported by Nightingale et al, (2017) in his study on nurses. As per his findings emotional intelligence may positively impact upon caring behavior but there may be difference within groups that warrant further investigation.

The hypothesis related to the effectiveness of emotional intelligence working as mediation variable between spiritual intelligence and caring behavior is found insignificant, as same has been strongly reported by Rego (2010) in his study and found low significance amongst emotional intelligence and caring behavior.

## 7. RECOMMENDATIONS:

Based upon the finding and the discussion created over the results, this venue related to a real-life problem in our society holds a large hot thing to discuss and work over. With this research work and related several other research findings we can provide a much better and clear picture

about the work practices and ethical responsibilities of the nursing staff. These nurses/ nursing staff can only offer to behave in the said manner if they are properly trained and developed by the entity with which they are attached.

This health and medical issue which is focused in this study in not only related to the nurses or the patients. It is related to everyone in the society. In the society the governmental bodies like Sindh health commission, health dept of Sindh, Pakistan Medical and Dental Council and all the allied hospitals are equally involved and attached in this respect.

The fast pace of their jobs does not let them think over the non-material aspect of the nurse -patient relation and they just treat the patient as a commodity or production unit, which comes into their hand for processing and conversion to good health.

Nurses need to be made more aware about their spiritual attachment with the patients and they need a better understanding, and this requires that they may be allowed more liberty and interaction with the patients. Once they will be able to interact more, more understanding will develop. Salimi and Azimpour (2013) has reported in their research that Snowden (2017) has shown high positive results for those nurses who were base line trained about emotional intelligence during their trainings and previous caring behavior makes no difference in nurses recruitment.

## 8. IMPLICATION

This study will open up a new venue for the professional working in nursing filed to think and work in a new dimension which will not only being better technical outcome that is better physical and medical treatment of the patients but will also dispense a greater level of self-satisfaction and self-actualization amongst the nursing staff.

The nursing staff will now be able to think and work over new line of action that how-to management them self in the workplace that they themselves will feel more fulfilling and enriching. Just getting the salary by providing a routine eight hours service is not only the job they have to perform; they have to perform and achieve something more than that. *The nursing staff will work over managing relations over managing bandages only.* (Rego 2010).

The other major chapter which opens enduring effect is over the people who are managing these nurses. Most of the time a head nurse manages them, who him/herself is qualified/registered nurse or if the medical setup is small, the nurses reports to an M.B.B.S. doctor, this doctor in turn is also a learned and qualified person, who can very easily understand through the find of research that the curricula related to nurses education needs to be reviewed and revised. The training manager in those hospital and the training institution at large will have to voice up for the need to develop in house program , other than the degree and certificate program of the government bodies , as they themselves can realize the importance of human relation and it positive impact on the human health and the financial health of the organization Such improvements if considered

in this area will most probably helpful to retain the nurses(employees) as well as enhance the performance and employee involvement. Further this will lead to hiring of such kind of nurses who are more spiritually and emotional aware and the hospitals may induct those trained and qualified nurses who are not only technically sound but they are people oriented and able to handle their self and others effectively and proactively (Imani et al, 2018).

## 9. FUTURE RESEARCH

- As this study was largely intensive towards private hospital nurses of Karachi, Pakistan therefore suggestion of conducting this research with different geographic and demographic context could yield different results and findings. This may give chance to other researchers to examine the findings in other regions and may provide better support to generalize the results of the study.
- As the study was only focusing the private hospitals to further expand the study the future researcher may involve nurses of public sector hospitals in Pakistan.
- Enhancing the sample size that will also give diverse results and findings.
- Further the study can expand by including more staff member of the hospital like the Para medical staff or the doctors can be involved to expand the study for a different result.

## 10. LIMITATIONS

- 1) Longitudinal research could have brought in different results as these results are based upon a cross sectional study, which must have limited the emotional responses of the respondents.
- 2) Respondents/ nurses who were not interested to participate in the survey made data gathering a difficult task for the researcher, owing to time limitation the respondents were not able to devote time with full consideration.
- 3) Respondents/ nurses may have response in biasness under the fear of management control as the findings of this research will be shared with the hospital authorities.
- 4) The sample size can be increased if the time permits. This will help to generalize the finding as much as possible to the whole industry.

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