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Studying the relationship between spiritual intelligence of nurses and patients' satisfaction with nursing care



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ABSTRACT

Background: One of the indices for measuring the performance of any organization including hospitals is the satisfaction of their customers. The purpose of satisfying is client judging of the rate of his expectations from services that they had taken. Patients are expected to care taken by individuals that having a mutual understanding. In the major studies role of traits behavioral and intelligence variety of the medical staff is highly significant on the patient satisfaction, including the intelligence is spiritual intelligence that could help the relationship between staffs and patients. Having high intellectual intelligence help to medical staffs to understand their services meaningful and cope better with the pressures of work. Despite numerous studies which did not consider the effect of a variety of the medical staffs' intelligence on the patients' satisfaction. In line with this lack, the purpose of this paper is to investigate the relationship between the spiritual intelligence of nurses with patients' satisfaction with nursing care.

Methods: This was a descriptive-analytical study that evaluates nursing staff and patients admitted to hospitals in Kermanshah. To collect data, spiritual intelligence and patients' satisfaction questionnaire were used. The data were analyzed by software SPSS22, using descriptive statistics (percent, diagram, mean) and Pearson correlation coefficient.

Results: the results showed a significant relationship between nurses spiritual intelligence and patient satisfaction ($r=.69$, $p<0.05$). 30% of the nurses had average spiritual intelligence, and patients' satisfaction was desirable. The most satisfying was from the area of utility services (66.9%), the satisfaction of nurses (98%), and satisfaction of doctors (93%). The lowest satisfaction is in the field of patient education and receives information (31.53%).

Conclusion: There was a meaningful relationship between nurses' spiritual intelligence and patient satisfaction. Therefore, considering spiritual dimensions in staffs can increase the quality of care and patient satisfaction.

Keywords: Spiritual intelligence, Satisfaction, Nursing care.

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INTRODUCTION

Today, patients' satisfaction is one of the most important factors for hospital assessment. In this regard, many hospitals have an incentive to improve the quality of care and increase patient's satisfaction.¹ Satisfaction measurement is necessary for the hospital to assess the outcome of ongoing efforts, improve the quality of care, and to ensure progress. Since 1980, in the USA all of the hospitals and health care organizations are obliged to involve patients' ideas in control and assessment of their programs. As well as Iran, in which since 2011 hospitals are obliged to have periodic evaluation of patient satisfaction.²

Patient satisfaction is the result of a complex set of factors and to achieve them, it is necessary to coordinate various dimensions of care services including nursing, medicine, support with each other in such a way that all the conditions become appropriate to provide for the creation and improvement.³

Temperament and intelligence types are among the various factors affecting the nursing and medical staff and customer satisfaction.⁴

Spiritual intelligence is one type of intelligence that could have a significant impact on services provided by medical staff. In recent years, evidence of psychology, neuroscience, anthropology, and cognitive sciences showed that there is a third intelligence, which is referred to as spiritual intelligence.⁵ If cognitive intelligence is about thinking and emotional intelligence is about emotions, this intelligence is of 'being' providing the underlying meaning and purpose of life.^{6,7}

There are so many definitions for spiritual intelligence, and each one of the authorities has provided different components, as Nobel and Voughan have considered 8 components for it showing the growth of spiritual intelligence. These components including honesty and openness, humility, kindness, generosity, tolerance, resilience, and willingness to meet the needs of others.⁵ KarimiMoonghi et al⁸ have shown that spiritual intelligence is associated with clinical competence and its dimensions and people with high intellectual intelligence can deliver

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better care. Bagheri et al⁹ in their study said that nurses with higher spiritual intelligence are happier and have more compliance and interoperability in the daily stresses. Since few studies have been conducted on the relationship between nurses' spiritual intelligence and patient satisfaction of nursing services, the researcher aimed to determine the status of spiritual intelligence of nurses and patient satisfaction besides the relationship between them.

MATERIALS AND METHODS

The present study was a descriptive-analytic type. The population consisted of 122 nurses working in different departments of three hospitals in Kermanshah province with at least a bachelor's degree and 122 inpatients from three hospitals, i.e. Kermanshah Imam Reza Hospital, Imam Khomeini Hospital, and Dr. Chamran Hospital-Kangavar.

The condition for involving the patients in the survey was being in the hospital for about 24 hours, being able to read and write, and having work precedent for more than one year. Optional entry for nursing staff Questionnaires included of Spiritual Intelligence of Abdullah Zadeh et al. questionnaires developed in 2008 which has 29 articles scored by Likert method (quite agree, agree, partly agree, opposite of, quite opposite of). It also consisted of two main factors; the first factor had 12 questions "understanding and communication with a source of the universe" and the latter with 17 questions "spiritual life with the intrinsic core". Scores ranged from 29 to 145. The consistency of spiritual intelligence questionnaire of Abdullah Zadeh was obtained by Abdullah zadeh et al,¹⁰ by using Cronbach's alpha of 0.89. In addition to the formal content that the questions; validity has been confirmed by the experts, the factor analysis was also used and correlation of all questions was the higher than 0.3. In the rotation via Varimax method to reduce variables, two main factors were obtained that the first factor with 12 questions called "understanding and communication with the source of universe" and the latter with 17 questions called "spiritual life with inner core".

The second questionnaire was a surveyor-made type about patient satisfaction prepared by the personnel of Imam Reza medical and training hospital in Kermanshah. It included 40 questions in the areas of satisfaction of personnel, data confidentiality, ethics and professionalism, privacy, utility services, information and education to patients, respond to the needs of worship and belief, satisfaction with costs, satisfaction with doctors, treatment in this hospital, effective complaints system, and truly informed consent. Answers graded from 0 to 4 points in a Likert scale (strongly agree to strongly

disagree). All points of this tool given between 0 and 160. Satisfaction level was divided as very low levels of 0 to 26, low 27 to 53, average of 54 to 80, fine of 81 to 107, 108 to 134 very good, excellent 135 to 160.

Content reliability was also used for checking the reliability of content that was approved after taking modifications and considering the ideas of some experts. Check list reliability was approved using the test-retest interval of one week ($r = 0.78$). Then using Pearson correlation coefficients, data were analyzed by SPSS (Statistical Package for Social Science) version 22.

RESULTS

A total of 122 patients and personnel of different sections of Kermanshah province were studied. The descriptive data and results of statistical analysis were presented in order to respond to the survey questions.

Other findings suggest that the level of spiritual intelligence nurses (5.2%) is much lower, (16%, low, (30%) average, (20.9%) and (27.9%) too high, so the majority (30%) of the participants had moderate spiritual intelligence (Table 1).

The second objective was to evaluate patients' satisfaction with nursing care where (3.5%) satisfaction very weak, (5.7%) weak, (10.4%) average, (36.4%) good, (34%) very good, (10%) excellent. The highest percentage of satisfaction were in the area of utility services (66.9%), satisfaction of nurses (98%), and satisfaction of doctors (93%). The lowest satisfaction was in the area of patient education and receive information (31.53%). The results suggest that patient satisfaction with nursing care was desirable (Table 2).

To determine the relationship between spiritual intelligence and patient satisfaction of nursing care (Figure 1), inferential statistical parametric formula with Pearson correlation coefficient was used. It can be seen the obtained R with 0.99 of confidence or %5 of error was 0.69. By referring to the values determined in the table we find that because obtained value is bigger than what was presented in Table 2 the relationship between two variables is considerable and meaningful. Therefore, the research hypothesis was confirmed at the level of 99% confidence.

DISCUSSION

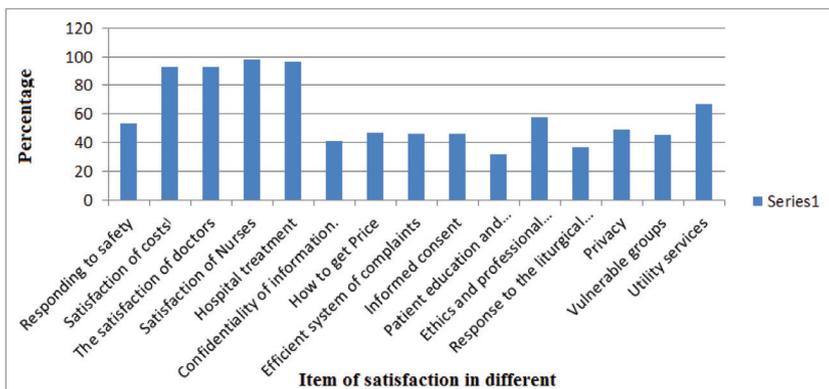
In this study nurses' spiritual intelligence was studied as a predictor variable of satisfaction in patients. According to the results, nurses' spiritual intelligence is significantly associated with patients' satisfaction.

Table 1 Percentage of spiritual intelligence of the nurses

	Very low	Low	Average	High	Very high
Percentage of spiritual intelligence of the nurses	5.2	16	30	20.9	27.9

Table 2 Percentage of satisfaction in different areas

Percentage	Areas	Percentage	Areas
46%	Informed consent	53.3%	Responding to safety
31.53%	Patient education and receive information	92%	Satisfaction of costs
58%	Ethics and professional practice	93%	The satisfaction of doctors
36%	Response to the liturgical and doctrinal requests	98%	Satisfaction of Nurses
48%	Privacy	96%	Hospital treatment
45%	Vulnerable groups	41.2%	Confidentiality of information.
66.9	Utility services	47%	How to get Price
		46%	Efficient system of complaints

**Figure 1**

A few studies have been conducted on spiritual intelligence on patients' satisfaction. In present study, the spiritual intelligence nurses higher than average have been obtained which was consistent with the results presented in Taiwan in 2006 as the The spiritual intelligence of nurses in Taiwan¹¹. Another study investigated the spirituality and spiritual care in nurses working at hospitals in Zahedan on 2013. Results indicated a high spirituality consistent with this study¹². Such an outcome is likely in our religious country and even the religious atmosphere can be effective in responding to questions as people assess themselves at the top level of spiritual intelligence.

Based on the second specific objective, which is patient satisfaction, results show the greatest satisfaction is in the area of utility services (66.9%),

satisfaction of nurses (98%), and satisfaction of doctors (93%). The lowest satisfaction is in the area of patient education and receive information (31.53%) and optimal patient satisfaction was about nursing care. This was consistent with a research conducted in Turkey by Uzon named "patient's satisfaction with nursing cares in 2010". Because this research showed that the patients were not satisfied with the type of rehabilitation and responding¹³. Moreover, considering patients' dissatisfaction of receiving the information, this study is in line with the results of Peyrovi et al¹⁴ because this study also shows a medium-to-low degree of patients' satisfaction from the training performed by nurses. Another study conducted at the Ghaem Center for Medical Education and Research by Sobhani et al¹⁵ also confirms this point that patient's satisfaction is desirable. However, there are some weaknesses in the field of communication areas and the maximum satisfaction is with the management and skill area. A study conducted in hospitals in China and Europe in 2013 is consistent with the present study. Physicians and consent of the explanations about medications had the lowest satisfaction (23% in China and 27% in Europe).¹⁶ The results of studies conducted in China and Europe shows that most of the patients (54% in China and 53% in Europe) were satisfied by their hospital and recommended it to their friends and family. As well as communication with nurses and doctors was of the most satisfied and least were satisfied with the explanations about medications they have (23% in China and 27% in Europe)¹⁶

These information were not consistent with that of Khezri et al² who reported that satisfaction of patients was lower than what was expected. The highest satisfaction was about training of patients and the lowest was about technical and professional care which is completely inconsistent with present results. It can be caused by the formation of educational team of the patient from the authority team of the hospital.² In connection with the above-mentioned result it is recommended that special attention be paid to educating patients. Because the benefits of the importance of the issue both patients and hospitals are included.¹⁷

The third specific objective measures the relationship between spiritual intelligence and patient satisfaction using Pearson's correlation coefficient. Few studies have been done in the case of the effect of spiritual intelligence of nurses and patients satisfaction of internal and external investigations. the results obtained are consistent with the findings of some other studies. Miri et al¹⁸ studied the relationship of spiritual intelligence of nurses with Quality nursing care from the patients' and their point of view and identified that these two parameters have

a positive significant relationship.¹⁸ In another study conducted by Rezaian et al in 2012,⁴ the results indicated that the high spiritual intelligence of the staff had the greatest impact on patient satisfaction.

Studies of Karimi Moonghi et al⁹ showed that spiritual intelligence is effective on clinical competence of people and people with higher spiritual intelligence have more power to solve the problem. As well as the cultural study of predictive intelligence of transformational leadership conducted in 2010. In general, people with high spiritual intelligence have more competence and flexibility, which is more effective in increasing the quality of work.¹⁹ Because, as stated in the concept of spiritual intelligence, the intelligence senses to people's lives and helps them perform difficult human tasks. As the doctors and nurses with higher spiritual intelligence consider the difficulties of their job as an opportunity to help the other people and this allows their altruism toward gaining patient satisfaction outcome.

CONCLUSION

The results of this study show the impact of spiritual beliefs in life as an agent to improve the medical care. Culture-based care and having a comprehensive view of the different aspects of the patients can help health care professionals to provide more convenient services to patients. Therefore, the promotion of spiritual intelligence of nurses during school and continuing education are recommended.

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