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Original Article

Assessment of Emotional Intelligence in Health Care Delivery among Nurses in Olabisi Onabanjo University Teaching Hospital

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ABSTRACT

Background: Emotional intelligence (EI) has emerged as a critical factor influencing effective nursing practice. It plays a vital role in managing interpersonal relationships, delivering compassionate care, and handling the emotional demands of healthcare environments. Despite its importance, there is limited empirical data on the knowledge and application of EI among nurses in Nigerian tertiary healthcare institutions. **Objectives:** This study aimed to assess the knowledge, self-perception, and practical application of emotional intelligence among nurses at Olabisi Onabanjo University Teaching Hospital (OOUTH). It also sought to identify areas of strength and gaps that could inform workforce development strategies. **Methodology:** A descriptive cross-sectional study design was employed, using a structured questionnaire distributed to 150 nurses at OOUTH. The instrument assessed their knowledge of emotional intelligence, perceived emotional competencies in healthcare delivery, and self-awareness across core EI domains. Descriptive statistics, including frequency distribution, mean scores, and percentages, were used for data analysis. **Results:** Findings revealed that 98.7% of respondents had heard of emotional intelligence, and 100% demonstrated high levels of EI knowledge. The majority perceived emotional intelligence as critical to nursing, with 90% scoring high in self-perceived influence of EI on healthcare delivery. Additionally, 82.7% showed high levels of emotional self-awareness, empathy, and emotional regulation. However, 39% of the respondents reported low motivation, indicating a gap between emotional competence and organizational support. **Conclusion:** Nurses at OOUTH exhibit excellent knowledge and self-perception of emotional intelligence, confirming its relevance in clinical practice. Nonetheless, addressing motivational deficits through supportive leadership, emotional wellness programs, and structured recognition systems is essential for optimizing the benefits of emotional intelligence in nursing care.

Keywords- Emotional Intelligence (EI), Healthcare Delivery, Nurses, Self-awareness, Self-management

INTRODUCTION

Emotions are a complex sensation to describe. Feelings are communicated by actions; our actions validate our thought and our feelings are generations of our thoughts about the emotions we feel. This never-ending cycle of feelings, actions and thought can be overwhelming, hence the importance of the concept of emotional intelligence. In nursing, emotional intelligence helps in therapeutic communication, collaboration as a health care team, compassionate and empathetic delivery of care and in the recognition and regulation of own emotions. Basic emotions that should be identified include love,

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happiness, anger, disgust, sadness and surprise[1]. There are four domains to emotional intelligence and they include, Self-awareness which entails understanding one's own emotions, Self-management which involves controlling one's emotions, Social-awareness which implies understanding the emotions of others with whom one is in interaction with and Relationship-management which entails the collaborations and teamwork.[1]

Training based on emotional development is scarce in nursing education programs or healthcare education in general while emotions are an integral part of the care profession[2]. There is need to actively and intentionally educate nursing students on emotional intelligence as that will better equip them for the responsibilities ahead in their various career paths. Nursing educators should role model emotional intelligence in the classrooms through various ways such as being responsive to the requirements of the students, encouraging students to volunteer, teaching students to identify their own love language, recognizing diversities, cultural sensitivity and cultural awareness.

However, just like critical thinking, emotional intelligence cannot be completely taught. It is an intentional practice that develops over time through education, experience and expertise. The experiences that the nurses had during their nursing education may be a cause of uncaring attitudes[3]. Nurses are in constant interaction with patients on the ward and so by direct extension, their emotions and actions have either a positive or negative impact on the patients' recovery. The energy that is radiated unto the patients can be viewed as a form of nonverbal communication. Nurses experience a wide range of emotions daily through their shift, ranging from the overwhelming feeling of being short staffed, depression, sometimes having to break sad news to family members, to even more pleasant emotions like the joy of witnessing the first breath of a new-born, and successful recovery of a patient to be discharged. These feelings are easily transmitted unto patients in the ward. Recognizing those emotions and processing them to rationally respond rather than reacting emotionally is an intentional soft-skill that should be practiced. It takes an emotionally intelligent nurse to realize that his/her anger is not from the call bell ringing but from hunger as he/she has not gone on a lunch break.

Although it is assumed that professional nurses are compassionate and show this to patients and families, this belief is not always supported by anecdotal accounts of patient and family interactions with professional nurses[3]. Numerous factors have been recognized as sources of moral discomfort in nursing, including inadequate staffing, limited participation in the care plan, futile treatment, palliative care, and end-of-life care[4]. Nurses who however fail to take this stance may often times be viewed as callous, however, according to[2] this is because the moral distress of nurses who are frequently exposed to these situations is usually higher, and this is followed by stress, anxiety, burnout, and patient avoidance behavior. These factors could however be appropriately managed by an emotionally intelligence nurse.

Academic intelligence is not enough for the achievement of a man but with emotional intelligence, success and achievement can be certain. Nurses are at the centre of health care and they are also between patients and any other health care member for the delivery of quality healthcare. Situations may arise where nurses have to take decision independently and because of burden of workload, may be highly stressful, subjecting them to emotional disturbance. Only about 36% of people in the world are emotionally intelligent[5]. According to[6], 44.9% of nurses had a deficient caring attitude while high emotional intelligence was present in 53.7% of nurses who exhibited caring behavior. The above statistic further proves the importance of intentional inclusion of EI into nursing education.

There is a wide range of topics focusing on intellectual ability and relatively few on emotional ability. Over the past few decades however, there has been an increase in explorations into the concept of emotional intelligence. There has also been an increase in research relating emotional intelligence to health care delivery. However, there is limited research in Nigeria probing into assessing the emotional intelligence of nurses in the delivery of health care. In view of the above, this research is aimed at assessing the influence of emotional intelligence on health care delivery among nurses of Olabisi Onabanjo University Teaching Hospital. Consequently, this study assesses the knowledge of emotional intelligence among nurses in OOUTH, assesses the self-perception of emotional intelligence on health care delivery among nurses in OOUTH, and assesses self-perception of the emotional intelligence of nurses in OOUTH. This study moves the field of nursing forward as it ensures that nurses are well equipped with not only the intellectual but also the emotional skills required in discharging their duties in an empathetic and compassionate fashion. The public will benefit from this research as it will ensure that they receive the best possible quality of care from nurses. This study will also sensitize the nurse educators to the importance of emotional intelligence and to implement emotional intelligence education in the training programs.

METHODOLOGY

Research Design

This study utilized quantitative research approach with a descriptive cross – sectional study in order to assess the

influence of emotional intelligence on health care delivery among nurses of OOUTH.

Research Setting

This study was conducted at Olabisi Onabanjo University Teaching Hospital (OOUTH). OOUTH, founded in 1986, is a tertiary healthcare institution. It was established with the primary aim of teaching medical students of Olabisi Onabanjo University. It also provides healthcare services to Ogun state indigenes and Nigeria as a whole. OOUTH is located in Sagamu, Ogun State, South West Nigeria. This research cut across some of the different departments that can be found in OOUTH and includes; Accident and Emergency unit, Antenatal clinic, Labor ward, Lying ward, Family planning unit, Immunization unit, Pharmacy department, Male and Female Medical and Surgical ward each, Ear, nose and throat Clinic, Pharmacy, Administrative building, Renal unit, Laboratory, Operating theatre, Obstetrics and Gynecological Clinic, Cardiology, respiratory, endocrinology clinic. The institution also provides out-patient services, internal audit unit, national health insurance scheme and many more.

Target Population

The research population are nurses working in any of the departments/units in Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun state.

Sample Size Determination

This study utilized a simple random sampling technique while using (2) method to calculate reliable sample size. Below is the mathematical illustration;

$$n= N/ (1+N (e)^2)$$

Where: n signifies the sample size; N signifies the total population under study =237; e signifies the margin error (5% error) = 0.05

Therefore, $n = 237/1+(237) (0.05)^2$

$n = 149$

$n \approx 150$

Attrition rate 10%: (10/100) *150 = 15.

That is, 165 nurses that are currently working at OOUTH will be randomly selected for the study.

Sampling Technique

This research was conducted using 165 nurses from OOUTH. The selection of nurses was by simple random technique cutting across all departments in the institution, that is, every nurse currently working at the institution has equal chance of being selected and the structured questionnaire will be administered to respondents.

Inclusion Criteria: Registered nurses with a current employment status at Olabisi Onabanjo University Teaching Hospital.

Exclusion Criteria: Nurses who decide not to join the study and nurses who are currently on leave from work.

Instrument for Data Collection

A semi-structure questionnaire (quantitative measure) was used. A questionnaire has been selected as the tool for this study for its scalability, cost-saving, flexibility for respondents and anonymity. The questionnaire consists of four sections. Each section of the questionnaire administered is structured to evaluate variables and meet the research objectives. The tool is structured for nurses in OOUTH. It will elicit these responses;

- SECTION A: Elicit response on Demographic Characteristics consisting of five questions including Age, Gender, Marital status, Department/Unit and Religion.
- SECTION B: Elicit response on the knowledge of emotional intelligence among nurses in OOUTH.
- SECTION C: Examines influence of Nurses' emotional intelligence on health care delivery. It consists of eight questions.
- SECTION D: Consists of questions by which response is elicited to assess the factors influencing emotional intelligence among nurses in Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun state.

The instrument is an adapted questionnaire from Carepatron's Emotional intelligence assessment test after necessary permission has been approved[7]. It consists of 15 questions. Each group of 3 questions assesses the different constructs of emotional intelligence according to Goleman's mixed model. Questions 1-3 assesses self-awareness, 4-6 managing emotions, 7-9 motivating oneself, 10-12 empathy and 13-15 assesses social skills all of which are important skills that also influence health care delivery.

Validity of the Instrument

The validity is appropriateness or usefulness of the research instrument. It is the extent to which a concept, conclusion or measurement is well founded & likely corresponds accurately to the real world. For the purpose of determining the face and content validity, the researcher's supervisor, an expert in medical research, was handed the questionnaire. Prior to administration, necessary alterations, additions, and deletions were made based on the suggestions and feedback of the supervisor.

Reliability of the Instrument

Reliability deals with the consistency of data collected. It is the degree to which the result of a measurement, calculation or specification can be depended on to be accurate. The instrument's reliability was tested using Cronbach's alpha approach. A pretest group of 20 nurses from Babcock Hospital were administered the questionnaire and the instrument reliability is 0.75.

Method of Data Collection

Rapport was established with the respondents and purpose of the study was explained to gain informed consent from them. Using the validated questionnaire, data was collected using Google forms and printed questionnaires. Total sample covered was 165 nurses. After gathering the data, it is tallied and grouped based on the answers given by the respondent.

Method of Data Analysis

Data was analysed using tables, figures and percentages on Excel spreadsheet. The statistical package for social science (SPSS) version 23.0 was used for analysis. Data was also described using standard deviation and mean

Ethical Consideration

The university's ethics committee was consulted for approval. The Olabisi Onabanjo University Health Research Ethics Committee (OOUHREC) was contacted in a letter outlining the specifics of the study in order to request their approval to conduct it. Given that the anonymity and confidentiality were guaranteed, the respondent's consent was acquired.

RESULTS

The result from Table 1 revealed that 131(87.3%) of the respondents were 20-35 age range with the mean value of 26.0±1.13. 126(84.0%) of the respondents were Female. 76(50.7%) of the respondents were Muslims. 74(49.3%) of the respondents' total clinic career had 6-10 years. 121(80.7%) of the respondents were in Medical/ surgery department. 79(52.7%) of the respondents were married and 147(98.0%) of the respondents had Bachelor of Science academic degree.

Table 2 showed that 148(98.7%) of the respondents have heard of emotional intelligence. 147(98.0%) of the respondents agreed that Emotional intelligence is an important attribute in nursing. 101(67.3%) of the respondents agreed that Emotional intelligence influences nursing practice. 138(92.0%) of the respondents disagreed that EI is not as important as IQ in relation to nursing care delivery. 147(98.0%) of the respondents agreed that emotionally intelligent nurses are better able to handle distressing situation and 148(98.7%) of the respondents agreed that Emotional intelligence can be used outside nursing.

Table 3 revealed that 100.0% have a good knowledge of Emotional Intelligence. Thus, the overall knowledge of Emotional Intelligence among respondents had a mean score of 11.2±0.6.

The table 4 revealed that 77(51.3%) of the respondents often feel satisfied with the nurse- patient relationship at work. 98(65.3%) of the respondents often feel satisfied with the interdisciplinary relationship at work. 58(38.7%) of the respondents sometimes feel satisfied with the nurse- nurse relationship at work. 59(39.3%) of the respondents rarely feel motivated as a nurse. 75(50,0%) of the respondents can always handle constructive feedback from my patients. 110(73.3%) of the respondents often practice empathy in delivering care. 84(56.0%) of the respondents sometimes listen to the concern of my patients. 84(56.0%) of the respondents sometimes were able to communicate effectively with other healthcare professional.

Table 5 revealed that 135(90.0%) of the respondents acknowledged high Influence of Nurse's emotional intelligence on health care delivery. Thus, the overall Influence of Nurse's emotional intelligence on health care delivery among respondents had a mean score of 30.1±5.8.

The result in Table 6 revealed that 94(62.7%) of the respondents are often aware of their emotions as they are. 47(31.3%) of the respondents are often aware of how their emotions impact their behavior and decision-making.81(54.0%) of the respondents often had a good sense of their own abilities and limitations. 61(40.7%) of the respondents always stay focused and think clearly even when experiencing powerful emotions. 67(44.7%) of the respondents were able to manage stress in healthy ways. 69(46.0%) of the respondents were able to control their temper and avoided saying things they would later regret. 58(38.7%) of the respondents were able to use their emotions to motivate themselves towards their goals. 62(41.3%) of the respondents always delay gratification in pursuit of their goals. 57(38.0%) of the respondents always stay optimistic in the face of challenges. 56(37.3%) of the respondents always express empathy in a way that feels genuine to others.63(42.0%) of the respondents oftentimes were able to understand the perspective of others. 61(40.7%) of the respondents always sense the emotions of others.55(36.7%) of the respondents oftentimes adapt to different social situations and contexts, 56(37.3%) of the respondents oftentimes work effectively in a team.60(40.0%) of the respondents oftentimes handle conflict and disagreements in a constructive manner.

Table 1: Socio-demographics of the Respondents

Variables	Characteristics	Frequency (n=100)	%
Age as at last birthday (26.0±1.13)	20-35	131	87.3
	36-45	18	12.0
	>46	1	0.7
Gender	Male	24	16.0
	Female	126	84.0
Religion	Christian	71	47.3
	Muslim	76	50.7
	Others	3	2.0
Total clinical career	Less than 5years	69	46.0
	6-10years	74	49.3
	Above 11years	7	4.7
Department/ Unit	Medical surgery	121	80.7
	MCH	20	13.3
	Community	5	3.3
	Mental health	4	2.7
Marital Status	Single	68	45.3
	Married	79	52.7
	Divorced	3	2.0
Academic degree	Bachelor of Science	147	98.0
	Masters	3	2.0

Table 2: Knowledge of Emotional Intelligence

	YES	NO
Have heard of emotional intelligence	148(98.7)	2(1.3%)
Emotional intelligence is an important attribute in nurses	147(98%)	3(2.0%)
Emotional intelligence influences nursing practice	49(32.7%)	101(67.3)
EI is not as important as IQ in relation to nursing care delivery	138(92.0%)	12(8.0%)
Emotionally intelligent nurses are better able to handle distressing situations	147(98.0%)	3(3.0)
Emotional intelligence can be used outside nursing	148(98.7%)	2(1.3%)

Table 3: Respondent's Overall knowledge of Emotional Intelligence

Value	Level (Score)	Frequency	Percent (%)
Mean score = 11.2±0.6	Low (0-4)	-	-
	Average (5-8)	-	-
	High (9-12)	150	100.0
Total		100	100.0

Table 4: Self-Perception of Nurse's Emotional Intelligence on Health Care Delivery

STATEMENT	Never	Rarely	Sometimes	Often	Always
Feeling satisfied with the nurse- patient relationship at work	5(3.3%)	5(3.3%)	25(16%)	77(51.3%)	38(25%)
Feeling satisfied with the interdisciplinary relationship at work	4(2.7%)	3(2.0%)	7(4.7%)	98(65.3%)	38(25%)
Satisfied with the nurse- nurse relationship at work	5(3.3%)	2(1.3%)	58(38%)	55(36.7%)	30(20%)
Feeling motivated as a nurse	5(3.3%)	59(39%)	13(8.7%)	44(29.3%)	29(19%)
Handle constructive feedback from my patients	5(3.3%)	3(2.0%)	15(10%)	52(34.7%)	75(50%)
Practice empathy in delivering care	6(4.0%)	1(0.7%)	19(12%)	110(73%)	14(9.3%)
Actively listen to the concern of the patients	6(4.0%)	3(2.0%)	84(56%)	18(12%)	39(26%)
Communicate effectively with other healthcare professional	6(4.0%)	3(2.0%)	84(56%)	18(12%)	39(26%)

Table 5: Respondent's Overall Self-perception of Nurse's emotional intelligence on health care delivery

Value	Level (Score)	Frequency	Percent (%)
	Low (0-13)	6	4.0
Mean score = 30.1±5.8	Average (14-26)	9	6.0
	High (27-40)	135	90.0
Total		100	100.0

Table 6: Self-perception of Nurses' Emotional intelligence

STATEMENT	Never	Rarely	Sometimes	Often	Always
I am aware of my emotions as they are	8(5.3%)	2(1.3%)	14(9.3%)	94(62%)	32(21%)
I am aware of how my emotions impact my behavior and decision-making.	8(5.3%)	45(30%)	18(12%)	47(31%)	32(21%)
I have a good sense of my own abilities and limitations.	6(4.0%)	4(2.7%)	18(12.0%)	81(54%)	41(27%)
I am able to stay focused and think clearly even when experiencing powerful emotions.	6(4.0%)	4(2.7%)	18(12.0%)	61(40%)	61(40%)
I am able to manage stress in healthy ways.	6(4.0%)	3(2.0%)	30(20.0%)	67(44%)	44(29%)
I am able to control my temper and avoid saying or doing things I later regret.	6(4.0%)	29(19%)	15(10.0%)	69(46%)	31(20%)
I am able to use my emotions to motivate myself towards my goals	12(8%)	5(3.3%)	19(12.7%)	56(37%)	58(38%)
I am able to delay gratification in pursuit of my goals	11(7%)	12(8%)	28(18.7%)	37(24%)	62(41%)
I am able to stay optmistic in the face of challenges.	14(9%)	4(2.7%)	26(17.3%)	49(32%)	57(38%)
I am able to express empathy in a way that feels genuine to others.	11(7.3%)	8(5.3%)	25(16.7%)	50(33%)	56(37%)
I am able to understand the perspective of others.	15(10%)	-	15(10.0)	63(42%)	57(38%)
I am able to sense the emotions of others.	4(2.7%)	11(7%)	24(16.0%)	50(33%)	61(40%)
I am able to adapt to different social situations and contexts.	8(5.3%)	3(2.0%)	31(20.7%)	55(36%)	53(35%)
I am able to work effectively in a team.	5(3.3%)	10(6%)	33(22.0%)	56(37%)	46(30%)
I am able to handle conflict and disagreements in a constructive manner	12(8.0%)	17(11%)	27(18.0%)	60(40%)	34(22%)

Table 7: Respondent's Overall Self-perception of Emotional intelligence

Value	Level (Score)	Frequency	Percent (%)
Mean score = 52.8±12.6	Low (0-25)	8	5.3
	Average (26-50)	18	12.0
	High (51-75)	124	82.7
Total		150	100.0

Table 7 revealed that 124(82.7%) of the respondents on factors influencing E.I is positive. Thus, the overall mean score of factors influencing E.I is 52.8±12.6.

DISCUSSION

Knowledge of Nurses in OOUTH on Emotional Intelligence

The findings of this study reveal a high level of awareness and understanding of emotional intelligence (EI) among nurses at Olabisi Onabanjo University Teaching Hospital (OOUTH), underscoring its critical role in clinical practice. This high level of awareness surpasses the findings in similar studies conducted elsewhere. For instance,[8] reported that only 66.7% of Indian nurses had knowledge of EI, highlighting regional disparities in the integration of emotional intelligence in healthcare education and practice. Similarly, [9] found that Australian nurses displayed moderate knowledge of EI, which was not consistently translated into practical application. In contrast, the results from OOUTH suggest not only theoretical awareness but also a substantial self-perception of the application of EI in practice.

In terms of practical application, 90% of nurses in this study reported a high influence of EI on healthcare delivery, as indicated by a mean score of 30.1±5.8. These findings are consistent with the literatures, such as[10-14], who emphasized the role of EI in enhancing interpersonal relationships and compassionate care. [15] further found that nurses with high EI demonstrated better patient care outcomes, communication, and resilience against burnout.

Despite the high levels of self-perceived emotional competence, motivation emerged as a concern. Approximately 39% of nurses reported rarely feeling motivated, indicating potential issues with organizational support, job satisfaction, or emotional fatigue. This is significant, as motivation is a core component of EI. [16] identified a strong link between burnout and lack of institutional support, even among emotionally competent professionals. Hence, while EI may buffer against stress, systemic issues can still diminish emotional energy and professional drive. The results from Table 6 and Table 7 further affirm that OOUTH nurses exhibit strong self-awareness, emotional regulation, and social skills. These indicators are in line with[17] EI framework, which includes self-awareness, self-regulation, motivation, empathy, and social skills.

These findings position OOUTH as a model institution in terms of emotional intelligence awareness and application in nursing practice. However, the issue of motivation highlights a critical area for intervention. Emotional intelligence, while robust among the nurses, is not a panacea for organizational deficiencies. To maximize the benefits of high EI, healthcare institutions must invest in motivation-enhancing strategies such as supportive leadership, professional development opportunities, and recognition systems. In addition, the nurses at OOUTH display exceptional knowledge and application of emotional intelligence, aligning with and even exceeding international standards. Addressing motivational gaps through systemic support can further enhance the effectiveness of emotionally intelligent practices, ultimately contributing to improved patient care and staff well-being.

CONCLUSION

This study provides significant insight into the knowledge, perception, and application of emotional intelligence (EI) among nurses at OOUTH. The findings underscore an overwhelmingly high level of awareness and understanding of EI, affirming its recognition as a vital component of effective nursing practice. The respondents not only acknowledged the theoretical relevance of EI but also demonstrated strong self-perceived emotional competencies, particularly in areas such as empathy, emotional regulation, and teamwork. These attributes are crucial in enhancing nurse-patient relationships, improving clinical decision-making, and promoting cohesive interdisciplinary collaboration.

However, the study also revealed an important challenge: despite high emotional competence, a considerable proportion of nurses reported low levels of motivation. This suggests that while individual emotional skills are strong, systemic and organizational factors may hinder their optimal expression. Issues such as burnout, limited professional development opportunities, and insufficient recognition could diminish the full impact of emotional intelligence in the workplace. As such, EI must be supported by institutional structures and a positive work environment to translate knowledge and skills into sustainable, high-quality healthcare delivery.

In conclusion, emotional intelligence is not only present but thriving among the nursing workforce at OOUTH. However, its potential will only be fully realized when coupled with supportive management practices, regular capacity-building efforts, and a nurturing professional environment. Based on the result of the study, it is recommended that institutions should

incorporate structured emotional intelligence development programs into the professional training and continuing education of nurses. This could include workshops, seminars, and simulations focusing on self-awareness, empathy, conflict resolution, and stress management. Hospital administrators and nurse leaders should adopt emotionally intelligent leadership styles that promote open communication, mentorship, and a culture of emotional safety. Supportive leadership can enhance motivation, job satisfaction, and resilience among nurses. To address emotional fatigue and low motivation, there should be regular mental health check-ins, counseling services, and wellness programs tailored to the unique challenges faced by nurses. Creating a psychologically safe workplace will help maintain emotional stamina.

Implications for the Nursing Body

The findings of this study have significant implications for the nursing profession: Recognizing the positive Self-perception of emotional intelligence on healthcare delivery suggests that nurses with higher emotional intelligence can provide more compassionate, patient-centered care. Nurses should prioritize the development of emotional intelligence as a crucial aspect of their professional growth. Continuous education and training in emotional intelligence can lead to better patient outcomes.

Limitations of the Study

The study's sample size may not represent the entire nursing population at OOUTH, which could affect the generalizability of the findings. Data collected through questionnaires may be subject to self-reporting bias, as respondents might provide socially desirable responses.

Suggestions for Further Studies

Future research could employ longitudinal designs to examine the development and changes in emotional intelligence among nurses over time. Comparative studies across different healthcare institutions could provide insights into variations in emotional intelligence among nurses in diverse settings. Investigate the direct impact of nurse's emotional intelligence on patient outcomes, including patient satisfaction, treatment adherence, and recovery rates.

Conflict of interest

The authors declare no conflict of interest

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