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## An investigation of the relationship between intercultural sensitivity and compassion in nurses

Senay Karadağ Arlı\*, Ayşe Berivan Bakan

Department of Nursing, Agri Ibrahim Cecen University School of Health, Agri, Turkey



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### ABSTRACT

This study aims to investigate the relationship between intercultural sensitivity and compassion levels in nurses. A cross-sectional relational study was conducted. It was conducted with the participation of 134 volunteer nurses who worked in Family Health Centers (FHCs) and the State Hospital in a city located in the eastern part of Turkey between April and June, 2017. Data were collected through the Socio-Demographic Characteristics Form, the Intercultural Sensitivity Scale, and the Compassion Scale. A significant, positive relationship was found between the Intercultural Sensitivity Scale and Compassion Scale mean scores ( $p < 0.001$ ). It is recommended that moving nursing profession to a better position in the globalised world and providing quality patient care could be achieved through trainings on compassion and intercultural sensitivity given in undergraduate or postgraduate education programs. Concepts of intercultural sensitivity and compassion were found to affect each other directly.

### Introduction

As it encompasses helping, voluntariness, and interaction, compassion behaviourally resembles the concepts of empathy and sympathy. Empathy and compassion concepts are reported to resemble each other, and sometimes they are even used interchangeably (Neff & Pommier, 2013). However, compassion and empathy are generally defined as concepts that are different from each other. While empathy is reported to be an important competence for understanding others' pain, it does not involve motivation or behaviours for eliminating these problems (Boellinghaus, Jones, & Hutton, 2013).

Compassion is on the basis of nursing care, and due to the nature of this profession, nurses may sometimes have to provide care to people from different cultures (Chambers & Ryder, 2016; Cornwell, Donaldson, & Smith, 2014; Lee & Seomun, 2016). Feeling of compassion is of great importance for patients. The reason for this is the fact that rather than their technical care, patients need compassionate attitudes and behaviours of the service providers. Compassion enables nurses not only to communicate with patients in a therapeutic way but also to provide them with high quality care (Dewar & Nolan, 2013). Compassion is among the qualities of a good nurse. Hence, it is the key criterion in enhancing patient satisfaction in the care process (Hill, 2010; Jo, Hong, Han, & Eom, 2006; Lee & Seomun, 2016).

As people who have the basic caregiver roles, nurses should be sensitive about cultural differences in society and consider intercultural differences so that they can provide an effective care and increase the quality of care (Cetişli et al., 2016; Meydanlioglu, Arikan, & Gozum, 2015; Öztürk & Öztaş, 2012).

Intercultural sensitivity, which is defined as the active desire needed for creating self motivation for understanding, accepting and acknowledging intercultural differences, has become one of the prominent concepts for enhancing positive attitudes of people

\* Corresponding author.

E-mail addresses: [senay1981@yahoo.com](mailto:senay1981@yahoo.com), [sarli@agri.edu.tr](mailto:sarli@agri.edu.tr) (S.K. Arlı).

towards different cultures in developed and developing countries (Chen & Starosta, 2000; Cetişli et al., 2016; Meydanlioglu et al., 2015; Öztürk and Öztaş, 2012). In their study which aimed to identify cultural differences experienced by nursing and midwifery students in the care process and the reflections of these differences on their care, Tanrıverdi, Okanlı, Şıpkın, Özyazıcıoğlu and Akyıl (2010) found that majority of students experienced cultural difference in care, and these cultural differences are reflected on the care in a negative way (Tanrıverdi et al., 2010).

Intercultural sensitivity is affected by many factors such as self-respect, empathy, and experience (Dikmen, Aksakal, & Yılmaz, 2016; Meydanlioglu et al., 2015; Yılmaz, Toksoy, Direk, Bezirgan, & Boylu, 2017). The purpose of this study is to investigate the relationship between intercultural sensitivity and compassion levels among nurses working in the State Hospital and Family Health Centers (FHCs) in a city located in the eastern part of Turkey.

**Research Question:** Is there a significant relationship between intercultural sensitivity and compassion?

## Method

This study is descriptive and relational. It was conducted in the State Hospital and Family Health Centers (FHCs) in a city located in the eastern part of Turkey between April and June, 2017. Target population of the study was 227 nurses working in the aforementioned institutions. No sampling was performed, the study was conducted with 134 nurses who were not on annual leave and who volunteered to participate in the study. Prior to the study, written permission was obtained from the state hospital where the study was conducted; the nurses who participated in the study were informed about the study, and their verbal consent was obtained. Ethical committee approval was obtained from the institutions where the study was conducted.

### Measurements

Data were collected through the Socio-Demographic Characteristics Form, the Intercultural Sensitivity Scale, and the Compassion Scale.

#### *Socio-demographic characteristics form*

The form, which was developed by the researchers, has 9 questions that aim to collect data about the nurses' socio-demographic characteristics.

#### *The intercultural sensitivity scale*

The scale was developed by Chen and Starosta (2000). Bulduk, Tosun, & Ardiç, 2011 performed reliability and validity of the scale in 2011 and found Cronbach's alpha coefficient as 0.72 (sufficient). The Intercultural Sensitivity Scale is a 5-point Likert scale which has 24 items and 5 subscales. The subscales include interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. Scores to be obtained from the scale range between 24 and 120, with higher scores indicating higher intercultural sensitivity level (Chen & Starosta, 2002; Bulduk et al. 2011). Cronbach's alpha value of the scale was found 0.81.

#### *The compassion scale (CS)*

The Compassion Scale (CS) was developed by Pommier (2011) and adapted to Turkish by Akdeniz and Deniz (2016). The scale has six subscales called Kindness, Indifference, Common Humanity, Separation, Mindfulness, and Disengagement. Responses are given on a 5-point Likert scale which included "(5) Always", "(4) Frequently", "(3) Sometimes", "(2) Rarely", and "(1) Never" options. The scale has 24 items, and scores range between 24 and 120, with higher scores indicating higher compassion level. Cronbach's alpha coefficient of the scale was found 0.85 for the total scale (Akdeniz & Deniz, 2016; Pommier, 2011). The present study found Cronbach's alpha coefficient 0.89 for the total scale.

#### *Data collection/Procedure*

Data were collected after the participants were given information about the content of the study as well as how to fill in the forms.

#### *Data analysis*

Data were analysed using descriptive statistics, Shapiro-Wilk and Spearman Correlation analyses in SPSS package programming. Statistical significance was taken  $p < 0.05$ .

## Results

An analysis of nurses' socio-demographic features shows that average age of the group was  $28.26 \pm 5.3$ . Of all the participants, 68.7% were female, and 76.1% worked in hospital. 82.8% of the nurses were found to provide care to patients from a different

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