ORIGINAL ARTICLE

Eastern Journal of Medicine

East J Med 27(1): 95-104, 2022
DOI: 10.5505/ejm.2022.48344

The Analysis of The Relationship Between The Cultural Intelligence and The Feeling of Compassion In The Health Staff

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ABSTRACT

In this study, we aim to analyze the relationship between the cultural intelligence and the feeling of compassion in the health staff.

The universe of the research is composed of the health staff who service in a university hospital (n=925). The data of the research was collected with "Personal Information Form", "The Cultural Intelligence Scale" and "The Compassion Scale". Mann-Whitney U Test, Kruskal-Wallis Test and Spearman Correlation Analysis were used for the statistical analysis. The Cronbach's alpha internal consistency coefficient was found to be 0.895 for the cultural intelligence scale and to be 0.876 for the compassion scale, respectively.

Based on the study, it was determined that the age average of the health staff was 31.15±6.99 and the average service period was 7.83±6.06. It was found that among the health staff 83% performed their job with enjoyed, 65.4% considered their performance effective and 93.4% perceived themselves compassionate. 80.2% of the health staff believes that they had cultural intelligence. According to the cultural intelligence scale, the average score of the health staff was calculated to be 96.54±18.43. This number was found to be 88.61±14.96 in the compassion scale. It was determined that there was a strong positive relationship (r=0.74) between the cultural intelligence and the feeling of compassion in the health staff.

We believe that the health staff that has a cultural intelligence would evaluate the patients considering cultural parameters and thus be less judgmental and show more compassion.

Keywords: Health staff, cultural intelligence, compassion

Introduction

"Compassion" and "intelligence" are two faculties exist since the beginning of the humanity. The scientific analysis of cultural intelligence, compassion in health, and compassionate caregiving does not date back to old times. In 1996, Lown mentioned the benefits of the compassionate nursing. In early 2000s compassionate nursing has theoretically become a current issue. In 2011, the compassion scale and in 2013 the compassionate nursing scales were developed. In 2016, compassion scale was adapted to Turkish (1-4).

Even if the main aim of a patient is to get the required treatment when s/he came to the hospital, s/he also wants to be perceived rightly, to get a qualified nursing and to encounter with compassionate behaviors and a comfortable environment. Intelligence has a variety of definitions and classifications. Conceptually, cultural intelligence is defined as having the ability of balancing the relationship with other cultures and effectively managing these relationships. Cultural intelligence can also be considered the faculty of explaining problems with accurate reasons and solving them. As a component of cultural ability this intelligence is the individual characteristic of complying with new cultural conditions (5, 6).

Nowadays, health service is given to a wide variety of people from different cultures along with the development of the health tourism. This is why the existence of a health staff that has cultural intelligence gained importance. Cultural intelligence should not be restricted only to the relationship with the patients. There can also be people from different cultural backgrounds in the

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Received: 22.01.2021, **Accepted:** 08.03.2021

working place, and cultural intelligence would play a vital role in working together for a common good or communicating with each other at an effective ground (7). The health staff has a moral responsibility stemming from the sensibility of the patients and their dependence on the health staff. This responsibility directly heads health staff towards compassion. Moreover, compassionate nursing could also be an indicator of "quality" for hospitals since such an approach increases the patient satisfaction with zero cost, positively affects the physiological development of the patient and thus speeds up the healing process. However, there has not been a standard scale that measures compassionate nursing in our country, yet (3).

All occupations carry some risks, however in a hospital environment these risks could be fatal. The patients who came to the hospital with the aim of getting treatment should not be influenced by the misunderstandings stemming from ethnic, religious, and linguistic differences. Each person who applies to a hospital wants to be treated with compassion. When we look at the research related to the cultural intelligence, we see studies conducted in the fields of tourism, management and business administration (5, 6, 8-11). In our country, we encountered with only one study in which cultural intelligence of the health staff was measured and analyzed (7). Moreover, in the literature, there is not a study in which the relationship between compassion and cultural intelligence was analyzed. In this study, we aimed to fill that gap and thus we determined the levels of compassion and cultural intelligence in the health staff and looked at the relationship between these two parameters for that group.

Material and Methods

Study Population: The data of this prevalence research was collected from January 2018 to May 2018. Before data collection written consent was taken from the University, Medical School Clinical Research Ethical Board and from the committee where the data was gathered (05/06.20.2017). Before using the scales in our study, we took consent from the researchers who conducted studies for the validity and reliability of these scales in Turkey.

The universe of the research is composed of the health staff who service in a university hospital (nurses, midwifes, doctors, faculty members, caregivers, health technicians and operatives, dietitians, physiotherapists) (n=925). The sample of the study consists of 750 health staff that voluntarily participated into the study (81%), the ones who were on their annual leave and maternal leave were excluded from the study. Two question forms were exempted since it was filled improperly. The data were collected considering the day and night shifts in order to reach all participants (from 08.00 to 16.00 and from 16.00 to 08.00). While data is collected, treatment and nursing hours, and medical visits were taken into consideration in order not to block the services provided by the health staff. Three materials were used in data collection (personal information form, the cultural intelligence scale, and the compassion scale).

Personal Information Form: It is a form composed of 20 questions which aimed at determining the occupational groups, the total service period of the health staff and department, age, marital status, personal characteristics, and ideas regarding cultural intelligence and compassion of the health staff.

The Cultural Intelligence Scale: The Cultural Intelligence Scale is a scale with 20 items. It was developed by Ang et.al. (5) and the adaptation of this scale to Turkish was made by İlhan et.al. (12). This scale measures the intelligence components for constituting effective and successful performance in a different culture or in a situation where there is cultural diversity. The aim of the scale is to objectively display the perceptions of the individual regarding the culture phenomenon. The scale consists of 4 sub-factors (metacognitive, cognitive, motivational and behavioral cultural intelligence). Points from 1 to 7 were given to the answers. There is no item that was coded wrongly. The cultural intelligence point is obtained summing the points. The score range is from 20-140 (13-15). In the reliability analysis, the Cronbach's alpha internal consistency coefficient was found to be 0.895.

The Compassion Scale: The Compassion Scale was developed by Pommier (2) and the adaptation of it to Turkish was materialized by Akdeniz and Deniz (1). The compassion scale is made up of six subtitles (kindness, indifference, common humanity, separation, mindfulness, and disengagement). The responses were taken according to the 5-point Likert scale ranges from 1 to 5 (5 points for always, 4 points for very often, 3 points for sometimes, 2 points for rarely, 1 point for never). The scale consists of 24 items (1, 2). In the reliability analysis, the Cronbach's alpha internal consistency coefficient was found to be 0.895.

Table 1. The Distribution of the Cultural Intelligence and Compassion Levels in the Health Staff

	N	Minimum	Maximum	Mean
Cultural Intelligence Metacognitive	748	4,00	28,00	20,3222
Cultural Intelligence Cognitive	748	6,00	42,00	25,6805
Cultural Intelligence Motivation	748	5,00	35,00	25,4131
Cultural Intelligence Behavior	748	5,00	35,00	25,1337
Total Average Score of The Cultural Intelligence Scale	748	32,00	140,00	96,5495
Compassion Kindness	748	4,00	20,00	15,7099
Compassion Indifference	748	4,00	20,00	9,9679
Compassion Common Humanity	748	4,00	20,00	15,1110
Compassion Separation	748	4,00	20,00	9,9519
Compassion Mindfulness	748	4,00	20,00	15,1845
Compassion Disengagement	748	4,00	20,00	9,5388
The Total Average Score of the Compassion Scale	748	56,00	120,00	88,6136

The Data Analysis: The data was analyzed by SPSS 13.0 software package. Since the data set does not show normal distribution, non-parametric tests were used. Mann-Whitney U test and Kruskal-Wallis test and Spearman's Correlation Analysis were used for the statistical analysis. $p<0.05$ was considered significant. At the end of the Kruskal-Wallis test, Mann-Whitney U test was used to detect the significant differences.

Results

The average age of the health staff is 31.15±6.99 and the average service period was found to be 7.83±6.06. 80.3% of the health staff was grown up in the cities, 49.9% of them were university graduates, 46.4% of the participants were nurses, 66.0% of them were married and 55.5% of them explained their economic conditions sufficient.

It was observed that 83.0% of them fulfilled their jobs with enjoyed. 65.4% of the sample was satisfied with their jobs, 47.2% of them were defined their job hectic, 65.3% of them found their job performance effective and 93.4% of them considered themselves compassionate. 71.7% of the participants expressed that they would criticize a non-compassionate health staff. 80.2% of the health staff believes that they had cultural intelligence. 69.3% of the people who joined the research defined themselves traditional. When we look at the personal characteristics of the health staff, among them 45.2% defined themselves compassionate and 25.4% identified themselves empathetic.

In our research, the average score of the health staff was found to be 96.54±18.43 in the cultural intelligence scale and to be 88.61±14.96 in the compassion scale (Table 1). A positively strong relationship ($r=0.78$) between the cultural intelligence and compassion was determined in the health staff (Table 5).

There is a relationship between the health of the mother –one of the socio-demographic characteristics- and the total score of the cultural intelligence scale. A significant difference was determined between the occupation and the total score of the compassion scale (Table 3). It was found out that levels of meta-cognition, motivation, compassion and conscious awareness increased at a statistically significant level as the level of education increased. Also, it was determined that the negative sub-scales (apathy, disengagement, disconnectedness) of the compassion scale decreased at statistically significant level in line with the increase in the level of education. In women, the kindness sub-scale was found to be high at a statistically significant level (Table 2) ($p<0.05$). The total scores in the cultural intelligence scale for the ones whose mothers are alive were stated to be high at a statistically significant level. The total scores in the compassion scale for the ones who worked more than 11 years, who were married, whose parents' level of education was high were indicated to be high at a statistically significant level. (Table 3) ($p<0.05$). When we look at the average scores in the compassion scale, we saw that faculty members, doctors and nurses had significantly higher scores in comparison to the emergency medical technicians, caregivers, and health technicians ($p<0.05$).

In the cultural intelligence and compassion scales, the health staff that is satisfied with their job, who

Table 2. Comparison of Compassion Scale and Cultural Intelligence Scale Scores of Healthcare Professionals According to Education Status (N: 748)

Specifications		N	Mean Rank	Test	P
Cultural Intelligence Scale 'Metacognition' Sub Dimension	Primary education	59	258,23d	KW:52,855	0,000
	High school	197	316,08c		
	Undergraduate	373	398,23b		
	Graduate	119	454,47a		
Cultural Intelligence Scale 'Cognition' Sub-Dimension	Primary education	59	421,17b	KW:31,899	0,000
	High school	197	334,50d		
	Undergraduate	373	378,92c		
	Graduate	119	462,63a		
Cultural Intelligence Scale 'Motivational' Sub-Dimension	Primary education	59	308,36c	KW:8,258	0,041
	High school	197	362,59b		
	Undergraduate	373	383,70a		
	Graduate	119	398,17a		
Compassion Scale 'Carelessness' Sub-Dimension	Primary education	59	510,04a	KW:76,367	0,000
	High school	197	454,81b		
	Undergraduate	373	321,25d		
	Graduate	119	341,27c		
Compassion Scale 'Disconnectedness' Sub Dimension	Primary education	59	511,28a	KW:87,406	0,000
	High school	197	463,55b		
	Undergraduate	373	328,52c		
	Graduate	119	303,40d		
Compassion Scale 'Conscious Awareness' Sub Dimension	Primary education	59	289,72c	KW:13,471	0,004
	High school	197	357,98b		
	Undergraduate	373	393,00a		
	Graduate	119	385,89a		
Compassion Scale 'Disengagement' Sub Dimension	Primary education	59	489,17a	KW:69,616	0,000
	High school	197	454,72b		
	Undergraduate	373	338,48c		
	Graduate	119	297,76d		
Compassion Scale Total Score	Primary education	59	245,70d	KW:59,973	0,000
	High school	197	306,45c		
	Undergraduate	373	414,54b		
	Graduate	119	425,49a		
Compassion Scale 'Kindness' Sub-Dimension	Female	343	398,65	z: -2,830	0,005
	Male	405	354,05		

*Parameters found to be significant are included in the table.
KW: Kruskal Wallis test
z: Mann Whitney U test

thinks that they work efficiently, who considers themselves compassionate, and who expresses that they would condemn an uncompassionate nurse or doctor, obtained scores which were found to be high at a statistically significant level ($p<0.05$) (Table 4).

Discussion

In this study we aimed to reveal the relationship between the cultural intelligence and the feeling of compassion in the health staff and the variables affected by this relationship. In our research it was determined that the health staff averagely scored 96.54±18.43 in the cultural intelligence scale. When we consider that the score ranges from 20

Table 3. Comparison of Compassion Scale and Cultural Intelligence Scale Scores According to the Unit where Healthcare Professionals Work, Working Year, Marital Status, Income Status, and Education of Parents and Survival of Parents (N: 748)

Specifications		n	Mean Rank	Test	p
Cultural Intelligence Scale Total Score	Bed service	348	403,25b	KW: 33,735	0,000
	Policlinic	79	352,75d		
	Operating room	60	439,40a		
	Laboratory	77	309,72f		
	Intensive care unit	54	290,44g		
	Administrative units	23	333,85e		
	Radiology unit	34	355,25d		
	Dialysis unit	4	187,50i		
	Urgent	61	383,71c		
	Other (pharmacy, sterilization, dietician)	8	264,75h		
Compassion Scale Total Score	Those whose mother is alive	668	384,24	z: -3,562	0,0001
	Those whose mother is dead	80	293,21		
	1-5 years working	367	352,79c	KW: 13,888	0,001
	6-10 years of work	210	369,73b		
	11 and over years of study	171	426,95a		
	Never married	232	368,38b	KW: 7,165	0,028
	The married	494	382,52a		
	Divorced	22	258,93b		
	Her mother is illiterate	348	344,64d	KW: 15,463	0,004
	His mother is Literate / Primary School graduate	281	400,99b		
	His mother is Middle School-High school graduate	94	399,98b		
	His mother is a graduate	23	374,43c		
	Mother Master / PhD	2	651,25a		
	His father is illiterate	125	298,25d	KW: 34,048	0,000
	Father Literate / Primary School Graduate	278	351,31c		
	His father is Middle School-High school graduate	241	418,33b		
	His father is undergraduate	85	412,82b		
	Father, Master's / PhD	17	457,50a		
	Inadequate income	314	399,82a	KW: 7,621	0,022
	Its income is sufficient	415	355,22c		
	His income is pretty good	19	377,24b		
	Nurse	347	404,12b	KW:52,412	0,000
	Midwife	22	289,34e		
	Assistant Doctor	85	400,95b		
	Lecturer	38	450,72a		
	Physiotherapist	4	357,38d		
	Health Technician	124	379,88c		
	Emergency Medicine Technician	24	196,96f		
	Care giver	104	279,42e		

*Parameters found to be significant are included in the table.
KW: Kruskal Wallis test
z: Mann Whitney U test

Table 4. Comparison of Compassion Scale and Cultural Intelligence Scale Scores According to Some Thoughts of Healthcare Professionals (N: 748)

Specifications		n	Mean Rank	Test	P
Cultural Intelligence Scale Total Score	Satisfied with his job	489	389,32a	KW:7,168	0,028
	Not satisfied with his job	108	335,06c		
	Partially satisfied with his job	151	354,71b		
	Believe you are working efficiently	489	387,85a	KW: 6,328	0,042
	Not believing that you are working efficiently	76	329,16c		
	Partially believing that you are working efficiently	183	357,65b		
	Find yourself merciful	699	383,44	z: -4,274	0,000
	Not finding yourself merciful	49	246,99		
	Who thinks they will judge a nurse or physician who is not compassionate	536	387,06	z: -2,529	0,011
	Thinking not to judge a nurse or doctor who is not compassionate	212	342,73		
Compassion Scale Total Score	Satisfied with his job	489	361,17b	KW:10,823	0,004
	Not satisfied with his job	108	362,62b		
	Partially satisfied with his job	151	426,16a		
	Believe you are working efficiently	489	392,57a	KW:10,178	0,006
	Not believing that you are working efficiently	76	351,75b		
	Partially believing that you are working efficiently	183	335,67c		
	Find yourself merciful	699	387,68	z: -6,305	0,000
	Not finding yourself merciful	49	186,42		
	Who thinks they will judge a nurse or physician who is not compassionate	536	406,85	z: -6,513	0,000
	Thinking not to judge a nurse or doctor who is not compassionate	212	292,71		
	Empathetic	190	405,58a	KW:21,990	0,000
	Merciful	338	388,29b		
	Introverted	105	315,85c		
	Judgmental	65	295,43d		
	Extrovert	50	389,12b		

*Parameters found to be significant are included in the table.
KW: Kruskal Wallis test
z: Mann Whitney U test

to 140, we can claim that the cultural intelligence of the health staff is above the average. In a recently conducted research, the average score in the cultural intelligence scale was found to be 81.61±16.49 for the university students (16). In another research which was done with the students at the School of Economics, the cultural intelligence score was specified as 86.53 (17). In the research of Rahimaghae and Mozbar, the cultural intelligence of the nurses was indicated as 88.2±11.32 (18). The cultural intelligence of the health staff was found higher in comparison to the scores of the university students participated into other studies.

In the literature, in the studies regarding the cultural intelligence, it was indicated that the success in the working life depended on the development of the cultural intelligence levels of

Table 5. Comparison of Health Workers' Compassion Scale Scores and Cultural Intelligence Scale Scores

Variable	N	r	p
Compassion Scale Scores Cultural Intelligence Scale Scores	748	0,78	0,001

r: Spearman Correlation Analysis

the individuals (19, 20). In a conducted research it was reported that occupational groups which has a higher potential to encounter with different cultures had higher cultural intelligence scales and higher total scores (11). Our research findings the higher cultural intelligence levels in the health staff are compatible with the existing data in the literature (17, 21). It is expected from the health staff to display proper behaviors, communicate with all the patients considering the patients' cultural background and understand the patients. Supporting this argument in our research we saw that faculty members, junior doctors and nurses have a higher cultural intelligence in comparison to the rest of the health staff. In a multi-cultural environment, there can be misunderstandings, conflicts, feeling of exposure to unjust treatments, embarrassment and relationship breakdowns stemming from cultural differences and this can create problems in the workplaces. This situation usually emerges due to the lack of cultural intelligence which serves as a vital element in terms of working effectively (22). The existence of higher cultural intelligence in the health staff positively affects the working environment and the relationships between the patients and the staff.

In our research, the average score of the health staff in the compassion scale was found to be 88.61±14.96. The scores of the compassion scale varies from 25 to 110, depending on this we can claim that the compassion levels of the health staff are high. It is pleasing that the health staff has such a high cultural intelligence and compassion. When the health staff evaluated themselves, their perception of being compassionate and culturally intelligent is an indicator of their self-awareness. Even if the duty of every member of the health staff is different, their common denominator is to discharge the patient with rehabilitation. Compassionate nursing requires a holistic approach. Having the spirit of compassion in all the team members is a quite desirable situation. It is determined that there are a few factors facilitating the development of a culture that promotes compassionate nursing. These factors are the existence of positive role models, good relationships in between the team members, and the existence of leaders who focuses on the comfortable working conditions (23). It is reported that feelings too are contagious in the clinical processes. It can be theoretically said that in an environment where there are health workers who have cultural intelligence and who reflect this intelligence to the nursing and treatment, kindness and recovery can also make a positively contagious progress. Compassion is a core component of good nursing and it can be transmitted via small actions.

In our research we did not detect a statistical difference in terms of gender in the cultural intelligence scale and its sub-groups. In the literature, women are portrayed behind men in terms of the competences like levels of different intelligence types, cognitive processes, problem solving and assertiveness (24-26). In our research, we did not encounter a finding that would support this argument. When we look at the compassion scale in terms of gender according to the kindness sub-scale, it is determined that women statistically have higher scores. We can assume that this stems from the role attributed to the woman and the mother in society.

In our research, the average age of the health staff is 31.15±6.99 and the average service period was found to be 7.83±6.06. It an expected situation that the health staff is made up of the young population. In the hospitals ill and suffering people seek remedy and consequently the health staff encounters these people more often in daily life in comparison to the other groups. In such a context, it is expected that all of the team members that deal with the patients have mercy. Here we observe a pleasing result. Encounters with the people who are in suffering do not reduce the level of mercy for the health staff rather this situation contributes to the development of feelings like mercy and compassion.

When the age groups are analyzed, it was determined that metacognitive sub-scale of cultural intelligence was found to be statistically significantly higher in the age group 18-25. The cognitive sub-scale of the age group 26-33 was found to be statistically significantly higher. Based on this, it can be said that the novice young health staff is active in terms of researching and reaching

the information. The higher cognitive cultural intelligence in the age group 26-33 can be explained by the accumulation of experience. It was also determined that total compassion score of the health staff aged 26-33 was statistically significant in comparison to the other groups.

When we analyze our data in terms of educational status, we saw that the total scores for metacognitive, cognitive and compassion scales of the cultural intelligence scale were higher in the MA and BA graduates. It can be said that education level has a positive impact on cultural intelligence and compassion. When the education level of the health staff increases, also their positive feelings increase. Compassion and cultural intelligence are skills that can be developed by education (27,28).

The health staff that grown up in the cities had statistically significantly high scores in the "common humanity" sub-scale of the compassion scale. People live in the cities are aware of the sharing in social life and its rules.

The educational status of the parents affects the compassion scale. It can be claimed that when the education level of the parents rises, the compassion feelings of the health staff develop too. Education is an important socio-demographic variable in terms of the feeling of compassion. It can be said that the feeling of compassion can develop by the education level of the individual or of his/her family. Even if each occupational group among the health staff receives a different education, it can be claimed that being a university graduate promotes high compassion feelings in the hospital environment.

It was determined that the health staff whose mothers were alive had higher feelings of compassion. For many people it was the mother who introduces the feeling of compassion to the child. We believe that the transmission of compassion feeling from the mother to the child during the childhood and growing up with this feeling make the individual more compassionate.

It was determined that the participants who enjoyed performing their jobs had higher cultural intelligence and worked more effectively. In this regard, training programs should be arranged in order to motivate the staff and promote a joyful working environment. Researchers reveal that the individuals who are motivated and culturally intelligent work and service more effectively (18). In his research Abadi specifies that the level of motivational and metacognitive cultural intelligence has a high influence on the recovery process (29).

It was detected that there was a positive and strong relationship (r=0.78) between the cultural intelligence and compassion of the health staff. As the cultural intelligence of the health staff rises, their compassion rises, too. Compassion and cultural intelligence positively affect each other. Bogilović and Škerlavaj (30), and Michailova and Ott (31) states that the efficiency of the performance of the executives increases by the increase in the cultural intelligence. Rahimaghaee and Mozdbar remarked that there was a positive relationship between the cultural intelligence and the professional competency (18). These studies support that cultural intelligence makes positive contributions in terms of increasing the performance of the executives and professional competency. Burnell and Agan conducted a research on 250 inpatients to measure the compassionate nursing. According to this study, the help provided to obtund was specified as (78.4%), the understanding of the medical problems by the nurses was (75.6%), the professional competency of the nurses was (73.3%), working together as a team was (70.7%,) and giving care and treatment without judging the patients was found to be (69.1%) (4). As it can be seen in the study of Burnell and Agan, to be rightly perceived by others and taking treatment and care without discrimination are important aspects for the patients to construct compassionate nursing (4). We believe that the health staff with cultural intelligence would evaluate the patients considering cultural differences and thus understand the patients more deeply, make less judgments and present more compassionate behaviors.

In an environment like hospital, it is more important to be understood and interpreted rightly in comparison to the social life outside. During treatment, the patients desire to encounter kind and compassionate behaviors. Having cultural intelligence and compassion above the average is a positive consequence for the patient and health team. It is very pleasing that as the cultural intelligence of the health staff increases, their compassion levels increase too. If we consider the positive contributions of the education level on the compassion and cultural intelligence, it can be recommended to increase the education levels in hospitals that contain different occupational groups. It was determined that the ones who perform their jobs with enjoyed had a higher cultural intelligence and the ones who think that

they work effectively had a stronger feeling of compassion. It can be recommended that environments that can trigger the love against the occupations could be constructed and orientation programs that can promote effective working could be planned.

Financial Support: This research was carried out by the Scientific Research Projects Coordination Unit of Yüzüncü Yıl University within the scope of the Quick Support Project SHD-2017-6621.

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