Original Article

Determining the Correlation between Intercultural Sensitivity and Compassion and Conscience Levels of Internal Medicine Clinical Nurses in the South-East of Turkey

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Abstract

Aim: This study was conducted to determine the correlation between intercultural sensitivity and compassion and conscience levels of internal medicine clinical nurses.
Methods: The descriptive and cross-sectional study. The Independent Sample t test, the Mann-Whitney U test, the Kruskal-Wallis test, one-way variance analysis (ANOVA), the post hoc Bonferroni test, the Pearson correlation test and regression analysis were used in the analysis of the data.
Results: A significant positive correlation was seen between the nurses' mean scores for the Intercultural Sensitivity Scale and the total and sub-dimension scores for the Compassion and Perception of Conscience Scales.
Conclusions: In conclusion, with the continued increase in the number of refugees, nurses and health systems are now increasingly forced to take account of the cultural characteristics of people from different cultures.

Keywords: Cultural sensitivity, compassion, conscience, nurse

Introduction

People from different cultures migrate from one place to another for problems such as wars, natural disasters, unemployment and a better life. This has led to sociodemographic changes, poverty and inequality in health in and between people of different cultures (Aktas et al., 2019; Arkan, Yilmaz & Duzgun, 2020; Gumussoy et al., 2021; Kuwano, Fukuda & Murashima, 2016; Novikova et al., 2020). Because of its geographical and geopolitical position, Turkey is a country with a heterogeneous and multi-cultural society. At the same time, as it is in a position that receives, gives and is a transit route, it is the scene of national / international migration movements. It has nearly 4.1 million refugees, the most of any country in the world. In addition to 3.7 million Syrian nationals, 400,000 people from countries including Afghanistan, Iran and Somalia are seeking refuge in the country (Refugees' Association: The Number of Syrians in Turkey, Report, 2021; UNHRC Report, 2019). The multi-cultural status of Turkish society, which has long existed but which has recently become even more diverse, has increased the need for intercultural nursing, for understanding and being aware of cultural differences and for developing intercultural relationships (Bakan & Yildiz, 2020; Egelioglu et al., 2016). This understanding is shaped by numerous factors such as age, gender, race, ethnic characteristics, socioeconomic level, religious identity, sexual behaviors, education and history (Aksoy & Akkoc, 2019). A patient's

cultural values, faith and other beliefs and practices are an important part of holistic nursing care (Bakan & Yildiz, 2020). Cultural sensitivity is affected by a large number of personal skills, including communication, self-respect, faith, empathy, sympathy, experience, conscience and loyalty (Arli & Bakan, 2018; Duarte, Pinto-Gouveia & Cruz, 2016; Richards & Doorenbos, 2016). For cultural care, nurses should develop adequate knowledge, skills, attitudes and interpersonal relationships against other cultures, beliefs and religions and should also have a compassionate care capacity. "Compassion" means understanding the internal world of a person in need of help, establishing communication with them and entering into behavioral, cognitive and emotional process to support that person (Arkan, Yilmaz & Duzgun, 2020; Beaumont et al., 2016; Durkin et al., 2016; Gunduzoglu et al., 2019; Peters, 2018). "Conscience" can be defined as a form of moral reflection about right and wrong which guides one's behavior. At the same time, it may also be "act of courage", directing nurses to take action to promote patients' needs and rights (Aksoy & Akkoc, 2019; Cleary & Lees, 2019). Conscience is affected by personal factors as much as it is affected by cultural characteristics. Nurses should develop necessary empathy and conscience skills in order to understand the needs of people from different cultures and religions from a cultural point of view and meet their spiritual and cultural care needs (Aksoy & Akkoc, 2019; Arli & Bakan, 2018). Research has examined in the literature have examined the relation between nurses' intercultural sensitivity and their level of compassion (Arli & Bakan, 2018; Demirel, Kaya & Doganer, 2020), but none examined the relationship of these to the sense of conscience. Nurses in Turkey frequently encounter cases or crisis situations in which individuals of all ages and of different backgrounds have come to question the meaning and values of their lives (Bakan & Yildiz, 2020). In particular, the increase in the number of refugees in Turkey means that health professionals are now providing services to more patients with a diverse cultural background. Understanding these kinds of cases is affected by both the individuals' and the nurses' beliefs, religions and cultural values (Bakan & Yildiz, 2020). In this context it is crucial for professionally equipped nurses who are aware of their own views and religious beliefs to develop their compassion, conscience and cultural sensitivity when giving care, for the sake of a more quality care and treatment. This is because nurses' compassion, sense of conscience and their cultural values and beliefs affect their values, decisions, attitudes and practices in relation to care. In this regard, the current study was conducted with the aim of determining the relationship between the intercultural sensitivity, compassion and sense of conscience of internal medicine clinical nurses.

Research questions: The study aims to provide answers to the following issues:

- Are there differences between internal medicine clinical nurses' intercultural sensitivity and their sociodemographic characteristics?
- Is there a correlation between internal medicine clinical nurses' intercultural sensitivity and their compassion and sense of conscience?
- Do the levels of compassion and conscience levels of medicine clinical nurses have an effect on their intercultural sensitivity?

Methods

Study design: This was a descriptive and cross-sectional study.

Participants: Target population of the study comprised nurses working in the internal medicine clinics (Endocrine, Palliative, Cardiology, Chest and Oncology Clinics) of six different public hospitals in the southeast of Turkey between 15 February- 15 July 2020. The 4 hospitals in Mardin and 2 hospitals in Diyarbakır were selected. Hospitals in neighboring provinces with easy access to the province of Mardin were also selected for the study. In order to keep the number of nurses as many as possible, we also selected hospitals in the surrounding provinces. There was 206 nurses who could be reached between the abovementioned dates and who volunteered to participate in the study, were included. Nurses were included who were working any shift (day shift or night shift) in the Endocrinology, Palliative Care, Cardiology, Thoracic or Oncology Clinics, who were 18 years old or more and who volunteered to take part in the study. Those who did not agree to take part in the study and those who were unwilling to answer the questions were excluded from the study.

Instruments: The total number of instruments is four. A Nurses' Information Form to determine the descriptive characteristics of nurses, the Intercultural Sensitivity Scale to determine their cultural sensitivities, the Compassion Scale to determine their level of compassion and the Perception of Conscience Scale in order to determine the nurses' perception of conscience were used to collect the data. The Nurses' Information Form was created by the researchers and consisted of 12 questions about the descriptive characteristics of the nurses, including age, gender, marital status and educational level (Akdeniz & Deniz, 2016; Aksoy & Akkoc., 2019). The Perception of Conscience Scale was developed by Dahlqvist et al. (2007) and the validity and reliability of the Turkish version were tested by Aksoy et al. (2019). The scale consists of 13 items and determines the perception of conscience of nurses. It has a six-point Likert-type form (1 = "No, I totally disagree", 6 = "Yes, I totally agree"). There is no reverse scoring on the scale. The scale consists of two factors: factor 1 is Sensitivity and factor 2 is Authority. The lowest score obtainable from the scale is 13 and the highest is 78. A high score indicates that the perception of conscience is high (Aksoy & Akkoc, 2019). The Cronbach's alpha coefficient of the original scale was 0.84 and in the current study it was found to be 0.82. The Compassion Scale was developed by Pommier (2010) and the Turkish version was tested for validity and reliability by Akdeniz and Deniz (2016). The scale is a five-point Likert-type scale with 24 items (1 = "Never", 2 = "Rarely", 3 = "Sometimes", 4 = "Often", 5 = "Always"). The scale measures compassion felt towards others and has six sub-dimensions: kindness, apathy, perception of sharing, disconnection, conscious awareness and severing relationships. The subdimensions of apathy, disconnection and severing relationships are scored in reverse. The lowest score obtainable from the scale is 24 and the highest is 120. As the total score obtained on the scale increases, the level of compassion increases (Akdeniz & Deniz, 2016). The Cronbach's alpha value of the original scale was 0.85 and in the current study it was found to be 0.71.The Intercultural Sensitivity Scale was developed by Chen and Starosta (2000) and the validity and reliability of the Turkish version were tested by Bulduk et al. (2011). It consists of 24 items and five subdimensions and is of a five-point Likert type (1 = "I totally disagree", 2 = "I disagree", 3 = "I am undecided", 4 = "I agree", 5 = "I totally agree"). The scale consists of the subdimensions of participation in intercultural interaction, respect for cultural differences, self-confidence in intercultural interaction, pleasure in intercultural interaction and attention to intercultural interaction. The lowest possible score from the scale is 24 and the highest is 120. There is no cut-off point on the scale and a high score on the scale indicates a higher level of intercultural sensitivity (Bulduk, Tosun & Ardic, 2011). The Cronbach's alpha coefficient of the original scale was 0.72 and in the current study it was found to be 0.78.

Ethical considerations: Permission to conduct the research was obtained from XXXX Clinical Research Ethics Committee (No. 275, February 2020) and from the institutions where the research was conducted. Information was given to the nurses concerning the aims and significance of the study their oral and written permission was obtained.

Data collection: The researchers distributed the data collection forms used in the research and the nurses were asked to complete them. The forms were collected the same day in order that time spent on the research did not affect the nurses' working hours.

Data analysis: The program package SPSS (Statistical Package for Social Sciences) 25.0 was used for the statistical analysis of the data obtained in the study. Numerical values, percentages, means and standard deviations were used in the evaluation of sociodemographic characteristics. Conformity of the data to normal distribution was assessed with the Kolmogorov-Smirnov test. The Independent Sample t test, the Mann-Whitney U test, the Kruskal-Wallis test, one-way variance analysis (ANOVA), the post hoc Bonferroni test, the Pearson correlation test and regression analysis were used in the analysis of the data. Statistical significance was taken as $p<0.05$.

Results

The mean age of the nurses included in the study was 32.81±8.97 years; most were female (60.7%), married (61.2%) and had a bachelor's degree (77.7%). It was found that 22.3% of the nurses worked in the thoracic clinic, 21.4% in endocrinology, 20.9% in cardiology, 18.0% in

palliative care and 17.5% in oncology. The mean total years of employment of the nurses was 8.42±8.56 years and they had been working in their current clinic for a mean of 5.77±5.50 years (Table 1).The mean score for intercultural sensitivity of the internal medicine nurses who took part in the study was 76.26±6.52; the highest sub-dimension mean score was 21.24±3.94 for participation in intercultural interaction and the lowest was 7.63±2.52 for pleasure in intercultural interaction. The nurses' total mean score on the Compassion Scale was 65.34±11.64. The highest mean score for a subdimension of the scale was 13.54±3.52 for perception of sharing and the lowest was 12.65±3.47 for disconnection. The total mean score on the Perception of Conscience Scale was 58.12±9.91 and those for the subdimensions of sensitivity and authority were found to be 49.34±8.32 and 8.77±2.44 respectively (Table 2). A significant difference was found between gender and place of residence and the subdimension of intercultural interaction ($p<0.05$). A significant difference was also found between the clinic in which the internal medicine nurses worked and the subdimensions of respect for cultural differences, self-confidence in intercultural interaction and pleasure in intercultural interaction and the mean total scores for the Intercultural Sensitivity Scale. It was found that the higher significant difference in levels of cultural sensitivity arose from the nurses working in the palliative care clinic ($p<0.05$) (Table 3).A positive, significant correlation was found between the mean total score for the Intercultural Sensitivity Scale of the internal medicine nurses participating in the study and their mean total and subdimension scores on the Compassion Scale and the Perception of Conscience Scale ($p<0.05$, $p<0.05$). There was no significant correlation was found between the relationship between the nurses' age and education status the mean total score for the Intercultural Sensitivity Scale ($p = 0.640$, $p=0.984$) (Table 4).It was found that compassion and perception of conscience had a significant effect on intercultural sensitivity ($p<0.001$, $p<0.005$). A low 12% effect and an increase in a positive direction was found between the nurses' levels of compassion and perception of conscience and their intercultural sensitivity. It was no found that age and education status had a significant effect on intercultural sensitivity ($p=0.623$, $p=0.979$) (Table 5).

Table 1. The Nurses' Socio-Demographic Characteristics (n=206).

Characteristics	**n (%)**
Age (years) $\overline{X}$ ±SD 32.81±8.97	
Gender	
Male	81 (39.3)
Female	125 (60.7)
Marital status	
Single/divorced	80 (38.8)
Married	126 (61.2)
Education status	
Health vocational high school	30 (14.6)
Bachelor's degree	160 (77.7)
Higher degree	16 (7.8)
Social security	
No	36 (17.4)
Yes	170 (82.5)
Place of residence	

Provincial capital	95 (46.1)
Small town or village	111 (53.9)
Clinic	
Thoracic	46 (22.3)
Endocrinology	44 (21.4)
Cardiology	43 (20.9)
Palliative Care	37 (18.0)
Oncology	36 (17.5)
Years of work (years) $\overline{X}$ ±SD 8.42±8.56	
Years worked in present clinic (years) $\overline{X}$ ±SD 5.77±5.50	

Table 2. Mean Total and Sub-Dimension Scores on the Intercultural Sensitivity, Compassion and Perception of Conscience Scales of the Internal Medicine Nurses

Intercultural sensitivity scale	$\overline{X}$ **±SD**	**(Min-Max)**
Participation in intercultural interaction	21.24 ±3.94	(11.00-30.00)
Respect for cultural differences	18.21 ±3.33	(10.00-28.00)
Self-confidence in intercultural interaction	15.94±2.86	(7.00-23.00)
Pleasure in intercultural interaction	7.63 ±2.52	(2.00-14.00)
Attention to intercultural interaction	10.69 ±2.31	(3.00-17.00)
Total (score)	76.26 ± 6.52	(61.00-95.00)
Compassion scale	$\overline{X}$ **±SD**	**(Min-Max)**
Kindness	13.25 ±3.53	(4.00-20.00)
Apathy	12.70 ±3.49	(4.00-20.00)
Sense of sharing	13.54±3.52	(4.00-20.00)
Disconnection	12.65±3.47	(4.00-20.00)
Conscious awareness	13.18 ±3.24	(5.00-20.00)
Severing relationships	12.89 ±3.33	(4.00-20.00)
Total (score)	65.34 ±11.64	(40.00-96.00)
Perception of conscience scale	$\overline{X}$ **±SD**	**(Min-Max)**
Sensitivity	49.34± 8.32	(30.00-66.00)
Authority	8.77± 2.44	(3.00-12.00)
Total (score)	58.12± 9.91	(35.00-78.00)

Table 3. Comparison of the Nurses' Socio-Demographic Characteristics and Their Sub-Dimension and Total Mean Scores for Intercultural Sensitivity

		Cultural sensitivity scale					
Characteristics		**Participation in intercultural interaction**	**Respect for cultural differences**	**Self-confidence in intercultural interaction**	**Attention to intercultural interaction**	**Pleasure in intercultural interaction**	**Scale total (score)**
	n (%)	$\overline{X}$ **±SD**	$\overline{X}$ **±SD**	$\overline{X}$ **±SD**	$\overline{X}$ **±SD**	$\overline{X}$ **±SD**	$\overline{X}$ **±SD**
Gender							
Female	125(61.2)	21.28 ± 4.14	18.12 ± 3.11	16.05 ± 2.98	10.72 ± 2.13	7.32 ± 2.42	76.00 ± 6.34
Male	81 (39.3)	21.18 ±3.63	18.35 ± 3.65	15.76 ± 2.69	10.66 ± 2.58	8.11 ± 2.62	76.65 ± 6.80
Test value		z=-0.326* p=0.745	z=-0.057* p=0.955	z=-1.085* p=0.278	z=-0.004* p=0.997	z=-2.396* p=0.017	t=0.694****, p=0.488
Marital status							
Single/divorced	80 (38.8)	20.98 ± 3.88	18.51 ± 3.64	15.92 ± 2.86	10.67 ± 2.55	7.95 ± 2.68	76.57 ± 6.68
Married	126(61.2)	21.41 ±3.99	18.02 ± 3.12	15.95 ± 2.88	10.71 ± 2.16	7.43 ± 2.41	76.06 ± 6.43
Test value		t=-0.753****, p=0.452	t=1.025****, p=0.306	t=-0.067****, p=0.947	t=-0.118****, p=0.906	t=1.424****, p=0.156	t=0.548****, p=0.584
Education status							
Health high school	30 (14.6)	20.83 ± 3.92	18.06 ± 3.44	16.60 ± 2.64	10.70 ± 1.93	7.50 ± 1.52	76.23 ± 5.58
Bachelor's degree	160(77.7)	21.30 ± 3.98	18.20 ± 3.33	15.86 ± 2.92	10.68 ± 2.37	7.66 ± 2.67	76.27 ± 6.68
Higher degree	16 (7.8)	21.43 ± 3.82	18.56 ± 3.34	15.43 ± 2.60	10.81 ± 2.53	7.62 ± 2.68	76.18 ± 6.87

Test value		χ^2=0.320** p=0.852	χ^2=0.299** p=0.861	χ^2=3.667** p=0.160	χ^2=0.040**p=0.980	χ^2=0.082**p=0.960	F= 0.121***, p= 0.948
Social security							
No	36 (17.4)	21.08 ±3.87	18.75 ± 3.60	16.58 ± 2.65	10.94 ± 1.83	8.02 ± 1.74	78.02 ± 6.01
Yes	170(82.5)	21.28 ± 3.97	18.10 ± 3.27	15.80 ± 2.90	10.64 ± 2.40	7.55 ± 2.66	75.88 ± 6.57
Test value		t=-0.274****, p=0.784	t=1.063****, p=0.289	t=1.481****, p=0.140	t=0.698****, p=0.486	t=1.335****, p=0.186	t=1.798****, p=0.074
Place of residence							
Provincial capital	95 (46.1)	21.57 ± 4.12	17.89 ± 3.44	16.09 ± 2.98	10.69 ± 2.57	7.23 ± 2.35	76.10 ± 6.01
Small town/village	111(53.9)	20.96 ± 3.77	18.48 ± 3.22	15.81 ± 2.77	10.70 ± 2.08	7.98 ± 2.62	76.39 ± 6.94
Test value		t=1.116****, p=0.266	t=-1.272****, p=0.205	t=0.707****, p=0.480	t=-0.024****, p=0.981	t=-2.141****, p=0.033	t=-0.319****, p=0.750
Clinic							
Thoracic (1)	46 (22.3)	21.30 ± 3.66	17.41 ± 2.80	15.91 ± 2.74	10.43 ± 2.10	7.39 ± 2.27	74.86 ± 6.54
Endocrinlogy (2)	44 (21.4)	21.15 ± 4.17	18.00 ± 2.86	15.86 ± 2.93	10.72 ± 2.51	7.86 ± 2.39	76.06 ± 6.34
Cardiology (3)	43 (20.9)	21.55 ± 3.67	17.30 ± 2.61	16.88 ± 2.16	11.11 ± 2.19	7.58 ± 2.27	76.74 ± 5.76
Palliative Care (4)	37 (18.0)	22.45 ± 3.68	18.51 ± 3.94	16.48 ± 2.70	10.81 ± 2.51	8.89 ± 2.52	79.48 ± 6.75
Oncology (5)	36 (17.5)	19.66 ± 4.25	20.27 ± 3.79	14.38 ± 3.30	10.38 ± 2.29	6.44 ± 2.78	74.38 ± 6.35
Test value		χ^2=8.061** p=0.089	χ^2=15.085** p=0.005	χ^2=15.011** p=0.005	χ^2=2.595** p=0.628	χ^2=18.429** p=0.001	F=3.794***, p=0.050 4>1, 4>5 (Bonferroni test)

*Whitney -U test z value, **Kruskal Wallis test chi-square value, ***One-Way Variance Analysis (ANOVA) test F value, ****Independent sample t test

Table 4. Correlation between Intercultural Sensitivity Scale and Compassion Scale and Perception of Conscience Scale

	Intercultural sensitivity total	
	r	**p**
Compassion scale total	0.298	**0.000**
Kindness	0.290	**0.000**
Apathy	0.186	**0.008**
Sense of sharing	0.177	**0.011**
Disconnection	0.158	**0.023**
Conscious awareness	0.192	**0.006**
Severing relationships	0.183	**0.009**
Perception of conscience scale total	0.249	**0.000**
Sensitivity	0.241	**0.001**
Authority	0.186	**0.007**

Table 5. Linear Regression Analysis of the Nurses' Compassion and Conscience Levels Concerning Their Intercultural Sensitivity

Variables	**B**	**T**	**p**
Constant	59.782	19.109	**0.000**
Total compassion (score)	0.141	3.780	**0.000**
Total conscience (score)	0.124	2.828	**0.005**

*R= 0.352, R^2 = 0.124, F= 14.267, p=0.000

Discussion

Due to the arrival of numerous immigrants for a variety of reasons, Turkey is a multicultural society with linguistic variety. For instance, 84.54% of its citizens speak Turkish, 12.98% Kurdish, 1.38% Arabic and 1.11% other languages. Residents of Turkey hold many different beliefs and practice many religions (Gumussoy et al., 2021; Kilic & Sevinc, 2018). If nurses have a broad understanding and awareness of the way culture affects religion, belief, values, attitudes and behavior, this will be reflected in the care provided and the quality of health care will increase (Demirel, Kaya & Doganer, 2020; Gol & Erkin, 2019; Gumussoy et al., 2021; Kılıc & Sevinc, 2018; Kurtuncu et al., 2018). Thus, intercultural sensitivity is an important factor in nursing care in a multicultural society such as Turkey.

The levels of intercultural sensitivity of the internal medicine clinical nurses were higher than moderate. The subdimension of participation in intercultural interaction of the scale had the highest score and the subdimension of pleasure in intercultural interaction had the lowest. The total mean score on the Intercultural Sensitivity Scale in the current study was higher than those in similar studies assessing the intercultural sensitivity levels of nurses and nursing students (Aktas et al., 2019; Bakan & Yildiz, 2020; Kuwano, Fukuda & Murashima, 2016; Novikova et al., 2020). It has been reported in the literature that, similar to the current study, the highest mean subdimension score of the scale was for participation in intercultural interaction (Arli & Bakan, 2018; Demirel, Kaya & Doganer, 2020; Egelioglu et al., 2016; Richards & Doorenbos, 2016; Yilmaz et al., 2017). Arli and Bakan (2018), Gumussoy et al. (2021), Liu et al. (2017), and Kuwano et al. (2016) reported that the reason why levels of intercultural awareness and intercultural interaction were high was that nurses interacted with individuals from different cultures. The numbers of refugees living in the provinces where the current study was conducted (88,986 in Mardin and 23,468 in Diyarbakir) are very high (Refugees' Association: The Number of Syrians in Turkey: Report, 2021; UNHRC Report, 2019). At the same time, it is thought that the multicultural and heterogeneous nature of these provinces means that nurses encounter and interact with a large number of patients of different cultural and religious backgrounds and that this increases their intercultural sensitivity.

Compassion is an inseparable part of nursing care and is important for supporting both the physical and mental health of patients. The reason for this is that patients often feel more need for a compassionate attitude and behavior than for technical care (Arli & Bakan, 2018). A low level of compassion causes a lack of sympathy or empathy (lower emotional resistance), irritability or anger, excessive arousal, tension, anxiety, stress and a fear of working with certain patients (Arkan, Yilmaz & Duzgun 2020; Beaumont et al., 2016; Durkin et al., 2016; Mills, Wand & Fraser, 2018). In cultural care which includes compassion, nurses' desire to solve problems improves their understanding of the origins of emotions and thoughts (the cognitive process) and the behaviors related to these (Arkan, Yilmaz & Duzgun 2020; Cinar & Aslan, 2018; Demirel, Kaya & Doganer, 2020; Ozdelikara & Babur, 2020). The levels of compassion of the internal medicine clinical nurses were higher than moderate. The nurses had the highest mean score for the subdimension of sense of sharing and the lowest for the subdimension of disconnection. It can thus be concluded that the internal medicine nurses were aware of demonstrating such things as empathy, sympathy, conscience and compassion, but that they experienced inadequacy in terms of how to do this. In the literature, most studies have found nurse to have moderate or high levels of compassion (Arkan, Yilmaz & Duzgun 2020; Arli & Bakan, 2018; Cingol et al., 2018; Duarte, Pinto-Gouveia & Cruz 2016; Mills, Wand & Fraser, 2018; Mahon et al., 2017; Ozdelikara & Babur, 2020) and there are few in which, similar to current study, the mean scores for the subdimensions of disconnection and severing relationships were reported to be low. The mean compassion scores in the current study were low compared to those in other studies in the literature. It is thought that this may arise from differences in in the nurses in the current study with regard to individual factors such as levels of motivation, sensitivity and toleration (Arkan, Yilmaz & Duzgun 2020; Arli & Bakan, 2018; Gunduzoglu et al., 2019).

The relationship between nursing professionals and patients is based on sympathy, flexibility, tolerance, compassion, emotional intelligence, humor, discipline, courtesy and conscience

(Fernández-Aragón, Díaz-Perez & Díaz-Narváez, 2019). The "authority" aspect of conscience includes making decisions, having experience and showing leadership and the "sensitivity" aspect of conscience includes being sensitive to the patient and acting with sincerity towards them (Khosravani et al., 2017). Conscience is an important concept which affects the quality of nursing care (Aksoy & Akkoc, 2019). The levels of perception of conscience of the internal medicine clinical nurses were higher than moderate. The fact that the perception of conscience levels of these nurses were above average shows that their ethical decision-making skills were high. However, in study by Lak et al. (2018), the mean perception of conscience score were higher than those in the current study (68.19 ± 15.12). It is thought that this may have arisen from the nurses' age, educational status, tiredness, work load, lack of time or lack of experience, which may have affected nurses' perception of conscience. The mean subdimension scores in the study by Lak et al. (2018) were found to be lower than in the current study. In this study, in order to adapt the Perception of Conscience Scale to Turkish society, the number of subdimensions was reduced to two and the mean subdimension scores were found to be higher. There are few studies in the literature on levels of perception of conscience and for this reason, the current study will provide a contribution to the literature.

Evaluating the total and subdimension scores of the Intercultural Sensitivity Scale according to sociodemographic characteristics, a significant difference was found between gender and the sub-dimension of pleasure in intercultural interaction. The mean scores of the male nurses were found to be higher than those of the female nurses. Gol and Erkin (2019) and Egelioglu et al. (2016) no significant difference was found between gender and intercultural sensitivity of nursing students. In the study, it is seen that gender does not affect intercultural sensitivity levels but only affects the intercultural interaction sub-dimension of pleasure. It is thought that this situation stems from social structure and cultural values, and therefore more assertive and self-confident masculine gender role than women. A significant difference was found between the nurses' place of residence and the subdimension of pleasure in intercultural interaction: the mean scores of those living in a small town were higher than the scores of those living in the provincial capital. The provinces of Mardin and Diyarbakır have a heterogeneous population and particularly outside the city, people may speak a language other than Turkish – Arabic or Kurdish, for example – and it may lead to pleasure in interaction if a nurse can easily communicate with individuals in their own native language. A significant difference was found between the clinic in which the nurses worked and the subdimensions of perception of respect for cultural differences, self-confidence in intercultural interactions and pleasure in intercultural interactions and the total mean scores for the Intercultural Sensitivity Scale. It was found that this difference arose from nurses working in the Palliative Care Clinic. In nurses working in clinics such as Palliative Care, where intensive care is provided, it can be expected that nurses may have a greater personal capacity for intercultural sensitivity, compassion, empathy, conscience and respect for other religions and beliefs (Mills, Wand & Fraser, 2018).

In the current study, a positive, significant correlation was found between the total and sub-dimension scores for the Intercultural Sensitivity Scale and those for the Perception of Conscience Scale. This result shows that the nurses' compassion and conscience increased or decreased alongside their intercultural sensitivity. Similar to our study, Arli and Bakan (2018) and Demirel et al. (2020) found a significant correlation between compassion and cultural sensitivity. However, no studies were found in the literature which investigated the relation between perception of conscience and intercultural sensitivity. This shows the originality of the current study.

This study found that compassion and perception of conscience had a significant effect of on intercultural sensitivity. Similar to this conclusion, it has been reported in the literature that intercultural sensitivity is affected by many individual factors such as communication, empathy, sympathy, compassion, conscience, self-respect, experience, religion, belief and altruism (Arli & Bakan, 2018; Duarte, Pinto-Gouveia & Cruz, 2016; Richards & Doorenbos, 2016).

Limitations: The limitation of the study was conducted only in two provinces of the South-East Anatolian Region of Turkey. Therefore, the results cannot be generalized. Research has examined in the literature have examined the relation between nurses' intercultural sensitivity and their level of compassion but none examined the relationship of these to the sense of conscience. At the same time, although there are studies in different departments in the literature, there is no study on internal medicine clinical nurses. This shows the originality of the research.

Conclusion and Recommendations: In conclusion, with the continued increase in the number of refugees, nurses and health systems are now increasingly forced to take account of the cultural characteristics of people from different cultures. Nurses working in health services are expected to provide culture-specific care to patients and their relatives who may be from different cultures and to be sensitive and respectful towards other cultures in a compassionate and conscientious way. It is recommended that similar studies be conducted with a larger sample size and in a comparative fashion with nurses working in different regions.

The levels of intercultural sensitivity, compassion and perception of conscience of the internal medicine nurses who participated in this study were above a moderate level. It was found that intercultural sensitivity was higher in nurses working in the Palliative Care clinic. Male nurses and nurses living in small towns, had higher scores for the subdimension of pleasure in intercultural interaction. It was found that intercultural sensitivity was correlated with levels of compassion and conscience. At the same time, compassion and perception of conscience were found to affect intercultural sensitivity.

Acknowledgements: We thank all of the nurses who participated in the study. No funding.

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