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ORIGINAL ARTICLE

The effects of cultural and emotional intelligence on care in nursing

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Abstract

This study was conducted to find out the effects of cultural intelligence, which is one of the strategies used in managing intercultural differences, and emotional intelligence which enables individuals to understand and manage their own emotions, to understand others' emotions and develop their self-confidence, on care behaviour, which is the basis of the nursing profession. This descriptive and cross-sectional study was conducted in a city hospital between 01.09.2019 and 01.03.2020. The data were collected from nurses in the hospital who volunteered to participate in the study within the dates above. The sample was not selected, and 225 nurses who volunteered to participate in the study were included in the study. The total mean score of the participants from the cultural intelligence scale was 47.558±12.092, while the full scores from the factors were 7.9208±2.857 (min 4-max 20) for meta-cognitive factor, 15.963±4.89 (min 6-max 30) for cognitive aspect, 12.004±3.656 (min 5-max 25) for motivational factor and as 11.821±3.493 (min 5-max 25) for behavioural factor. The total mean score of the participants from the *Caring Behaviors Inventory* was 5.053±0.819, while the total scores from the factors were 5.045±0.823 for the assurance factor, 5.208±1.240 for the knowledge and skill factor, 4.994±0.831 for respectful factor and 4.949±0.842 for connectedness factor. The total mean score of the participants from the *Emotional Intelligence Scale* was 141.367±18.656, while the full scores from the factors were 44.563±5.96 for optimism/mood regulation, 18.940±4.15 for the use of emotions and 33.493±7.565 for evaluation of emotions. Cultural intelligence and emotional intelligence were found to have an effect on caring behaviours of nurses. Although there was no direct significant correlation between cultural intelligence total score and caring behaviours total score, there was a significant correlation between cultural intelligence factors and caring behaviours. There was a significant correlation between caring behaviours of nurses with high emotional intelligence.

Keywords: Emotional intelligence, nursing care, cultural intelligence.

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Introduction

Cultural intelligence refers to an individual's ability to function effectively in a different cultural climate [1]. The increase in cultural diversity in societies and the development of health tourism have increased the importance of culture-based care in nursing [2]. Since effective communication has to be established in nursing [3], behaviours such as empathising with the patient during care, choosing behaviours appropriate for cultural differences, respecting the culture encountered, being sensitive and increasing motivation are important for being successful in nursing [4]. Nurses' having high cultural intelligence levels enable them to make correct decisions in important situations, to establish healthy team work with colleagues and to communicate effectively with their patients and as a result these can increase the quality of care given to patients and accordingly patient satisfaction [5,6]. Emotional intelligence can be evaluated as the ability to understand and manage emotions in a way beyond the cultural intelligence environment [7,8]. Since emotional intelligence has the potential to affect quality of patient care, the consequences of care, decision making and critical thinking in order to improve nursing practices, it is a concept that can be at the core of nursing practice [9].

Care practices are fundamental to nursing and they are among the independent functions of nurses. Therefore, the success of nursing care is associated with the success of the profession [5]. Just like nurses' perception of health problems, health care and expectations of health may differ from culture to culture and their perceptions of care may also be different. Ignoring these differences prevents the quality of care. As a result of these differences, understanding cultural differences, valuing differences and empathising, showing respect, being patient, analysing behaviours and differences of individuals are behaviours that may be right to increase the quality of care. Nurses increase their job satisfaction and nurse-patient cooperation as long as they understand the wishes of individuals and provide care accordingly [10]. Nursing care is affected by cultural variety in care practices [2,11]. Since nursing is a cultural phenomenon, individuality in care, holistic evaluation of the individual and planning and implementing initiatives can be realized through cultural intelligence [2,12]. Providing care by considering the cultural values of patients and understanding their emotions will increase the quality of care [13,14]. In nursing, where emotions play an important role, evaluating sick or healthy individuals with a holistic perspective plays an important role in the development and advancement of the profession [13,15]. Because there is a correlation between culture and emotion, a correlation between cultural intelligence and emotional intelligence is also possible [16]. The common features of cultural and emotional intelligence are commenting on the cultures, behaving appropriately, avoiding judgement and the tendency to think before acting. Especially in intercultural interactions, there is a need for cultural intelligence and emotional intelligence skills for individuals to communicate correctly [17,18]. It is important for nurses to have these mental skills and to use these skills in order to be able to provide professional and integrative care. For this reason, it is very important for nurses to understand that cultural and emotional intelligence are essential in providing patient-centred care, both intelligences can be learned and developed more [18]. Studies conducted have examined the effects of cultural intelligence and emotional intelligence on nursing care together and the number of studies on this is limited. The aim of this study, which we think will provide contributions to nurses and other healthcare professionals in providing a more quality health service with positive care and higher motivation aims to find out the effects of cultural intelligence and emotional intelligence of nurses working in a hospital on the nursing care they provide and to examine the relationship between these two factors.

Materials and Methods

Ethical Considerations of the Study

Required permissions were obtained from the Scientific Research and Publication Ethics Committee of Gümüşhane University (2019/6), and Elazığ Provincial Directorate of Health to

which the hospital is affiliated and the hospital management (13281952-702.99). Permission to use each of the scales was taken from the researchers who conducted the Turkish reliability and validity study. The participants were informed about the study by the researcher and the forms were distributed after oral and written informed consents were taken.

Aim and Type of the Study

This study was conducted to find out the effects of cultural intelligence, which is one of the strategies used in managing intercultural differences, and emotional intelligence which enables individuals to understand and manage their own emotions, to understand others' emotions and to develop their self-confidence, on care behaviour, which is the basis of nursing profession. This descriptive study was carried out at Elazığ Fethi Sekin City Hospital between 01.09.2019 and 01.03.2020.

Population-Sample

The data were collected from nurses (N:600) who were in the hospital between September 2019 and March 2020 and who agreed to participate in the study. The sample was not selected and 225 nurses who agreed to participate were included in the study.

Data Collection Tools

A survey form was used in the study as data collection tool. The survey form used consists of 4 parts. The first part included questions to determine the participants', socio-demographic features such as age, gender, the region where they spent most of their lives, working years and position, the unit they worked in, and whether they thought nursing care was sufficient. *Cultural Intelligence Scale* (CIS) developed by Ang et al. in 2017 and adapted into Turkish by İlhan and Çetin, was used in the second part [19]. The *Cronbach's alpha* value of the scale was given as 0.85, and the *Cronbach's alpha* value for this study was found to be 0.93. While the minimum possible score from the scale is 20, the maximum possible score is 100. Increased total score and factor scores show high cultural intelligence. The third part included *Caring Behaviors Inventory* (CBI)-24 developed by Wu et al. in 2006 and adapted into Turkish by Kurşun and Kanan [20]. The *Cronbach's alpha* value of the scale was given as 0.80, and the *Cronbach's alpha* value for this study was found to be 0.93. Increased total and factor scores show increased care quality perception levels (patients or nurses). In the third part, *Schutte Emotional Intelligence Scale* developed by Schutte et al. in 1998 and adapted into Turkish by Tatar et al. in 2011 was used [21]. The *Cronbach's alpha* value of the scale was given as 0.90, and the *Cronbach's alpha* value for this study was found to be 0.89. While the minimum possible score from the scale is 41, the maximum possible score is 205, and an increased score shows increased emotional intelligence.

Data Analysis

The data obtained in the study were analysed in computer environment by using SPSS 22.0 package program. Number-percentage distributions, *t test*, ANOVA test and correlation analyses were used in data assessment.

Results

When the demographic characteristics of the individuals who participated in the study were examined, it was found that 75.6% were female, the mean age was 32.67± 8.05, 64.9% were married, 65.3% had spent most of their lives in the Eastern Anatolian region, 70.2% were undergraduates, 14.7% had an associate degree, 59.6% had children, and 88.9% were living in a nuclear family (Table 1).

When the professional descriptive characteristics of the individuals in the study were examined, it was found that 40.4% of the nurses had a working time longer than 11 years and more and 22.7% had a working time between 6 and 10 years, 71.6% practiced nursing willingly, 57.8% cared for a mean of 11 to 20 patients in their units, while 15.6% cared for 1 to 10 patients and 13.3% cared for 21 to 30 patients, 81.8% were clinic nurses, 42.7% were working in shifts, and 24% were working during the day, 65.8% were working for more than 40 hours a week, 65.8% cared for 1 to 10 patients and 23.6% cared for 11 to 20 patients, 54.2% thought the care they provided to patients was sufficient, 26.2% thought the care was partly sufficient. When the participants were asked why they thought care was insufficient,

78.7% answered that the workload in the service was too much, 72.9% answered that the number of nurses was insufficient, 67.1% answered that there were too many patients, and 60.4% answered that they thought care was insufficient both because there was no time and also because they were not working in the service they wanted (Table 2-3).

Total mean score of the participants from cultural intelligence scale was 47.558±12.092, while the total scores from the factors were 7.9208±2.857 (min 4-max 20) for meta-cognitive factor, 15.963±4.890 (min 6-max 30) for cognitive factor, 12.004±3.656 (min 5-max 25) for motivational factor and as 11.821±3.493(min 5-max 25) for behavioural factor. The total mean score of the participants from the *Caring Behaviors Inventory* was 5.053±0.819, while the total scores from the factors were 5.045±0.823 for assurance factor, 5.208±1.24 for the knowledge and skill factor, 4.994±0.831 for respectful factor and 4.949±0.842 for connectedness factor. The total mean score of the participants from *Emotional Intelligence Scale* was 141.367±18.656, while the total scores from the factors were 44.563±5.960 for optimism/ mood regulation, 18.940±4.15 for use of emotions and 33.493±7.565 for evaluation of emotions. When the correlation between the scores taken from the scales was examined, a positive significant correlation was found between caring behaviours and emotional intelligence scale total scores (r= .439; p= .000; p<0.01). No significant correlation was found between caring behaviours and cultural intelligence scale scores. No significant correlation was found between emotional intelligence and cultural intelligence scale total scores (p>0.01). When the correlation between the factors of scales were examined, a negative significant correlation was found between cultural intelligence scale cultural metacognitive factor and caring behaviours scale assurance (r= -.214; p= .001; p<0.01), respectful (r= -.253; p= .000; p<0.01) and connectedness

Table 1. Socio demographic characteristics of the participants (n=225)

Characteristics		**Mean ± SD**	**n**	**%**
Age (years)		32.67±8.050		
Gender	Female		170	75.6
	Male		55	24.4
Marital status	Married		78	34.7
	Single		146	64.9
Educational status	High school		24	10.7
	Associate degree		33	14.7
	Undergraduate		158	70.2
	Post graduate		10	4.4
The region where you spent most of your life	Mediterranean region		16	7.2
	Eastern Anatolia region		147	65.3
	Aegean region		11	4.9
	Southeastern Anatolia region		25	11.1
	Central Anatolia region		10	4.5
	Black Sea region		6	2.7
	Marmara region		8	3.6
The state of having children	Yes		134	59.6
	No		87	38.7
Family type	Nuclear		200	88.9
	Extended		17	7.6

**There was lost data since some of the questions were not answered.*

Table 2. Descriptive characteristics of the participants about the profession (n=225)

Characteristics		**n**	**%**
Working years	6 months-1 year	30	13.3
	2-5 years	50	22.2
	6-10 years	51	22.7
	11 years and longer	91	40.4
The state of performing the profession willingly	Yes	161	71.6
	No	45	21.8
The service you are working in	Inpatient service	67	29.8
	Intensive care	71	31.6
	Outpatient clinic	7	3.1
	Gynaecology service	9	4
	Surgical service	15	6.7
	Internal medicine service	19	8.4
	Emergency service	15	6.7
	Pediatric service	6	2.7
	Other (dialysis, operating room, etc.)	15	6.7
Total working years in the current service	Less than 1 year	50	22.2
	1-5 years	130	57.8
	6-10 years	26	11.6
	11-15 years	7	3.1
	16 years and more	7	3.1
Working position	Clinic Nurse	184	81.8
	Nurse in charge	35	15.6
Type of working	Daytime	54	24
	Shift	96	42.7
	Both	68	30.2
Weekly working time	40 hours	77	34.2
	More than 40 hours	148	65.8
Number of mean patients in the service you are working	1-10	35	15.6
	11-20	130	57.8
	21-30	30	13.3
	31 and more	29	12.9
The number of patients each nurse is responsible for	1-10 patients	148	65.8
	11-20 patients	53	23.6
	21-30 patients	8	3.6
	31 patients and more	15	6.7

** There was lost data since some of the questions were not answered.*

(r= -.280; p= .000; p<0.01) factors. Negative significant correlation was found between cultural metacognitive factor and emotional intelligence scale optimism/mood regulation (r= -.277; p= .000; p<0.01), use of emotions (r= -.138; p= .041; p<0.05) and evaluation of emotions (r= -.241; p=.000; p<0.01). Positive significant correlation was found between cultural cognition and caring behaviours scale knowledge and skill (r=.142; p=.036; p<0.05) factor. Positive significant correlation was found between cultural cognition and emotional intelligence use of emotions (r= .289; p= .000; p<0.01) and evaluation of emotions (r= .187; p= .006; p<0.01) factors. Negative significant correlation was found between cultural motivation and caring behaviours scale respectful (r= -.136; p= .045; p<0.05) and connectedness (r= -.171; p= .011; p<0.05) factors. Positive significant correlation was found between cultural motivation and emotional

Table 3. Participants' thoughts on care (n=225)

Question		**n**	**%**
Do you think that nursing care is sufficient?	Yes	112	54.2
	No	40	17.8
	Partly	59	26.2
What do you think the reasons for nursing care to be insufficient are?	The fact that nurses cannot work in the services they want	136	60.4
	Too many patients	151	67.1
	Insufficient member of nurses	164	72.9
	Too much work load except patient care in the service	177	78.7
	Not having enough time for care	136	60.4
	Other reasons	84	37.3

** There was lost data since some of the questions were not answered.*

Table 4. Total scores of the scales

Scales and Factors	**n**	**Mean ±SD**
Cultural Intelligence Scale total score	213	47.558±12.092
Metacognitive factor total score	225	7.92 ±2.857
Cognitive factor total score	218	15.963±4.89
Motivational factor total score	221	12.004±3.656
Behavioural factor total score	224	11.821±3.493
Caring Behaviors Scale total score	217	5.053±0.819
Assurance factor total score	220	5.045±0.823
Knowledge and skill factor total score	224	5.208±1.24
Respectful factor total score	222	4.994±0.831
Connectedness factor total score	223	4.949±0.842
Emotional Intelligence Scale total score	185	141.367±18.656
Optimism/Mood regulation factor total score	206	44.563±5.96
Use of emotions factor total score	219	18.94±4.15
Evaluation of emotions factor total score	219	33.493±7.565

** There was lost data since some of the questions were not answered.*

intelligence use of emotions (r= .144; p= .034; p<0.05) factor. Negative significant correlation was found between cultural behaviour and caring behaviours scale assurance (r= -.179; p= .008; p<0.01), knowledge and skill (r= -.142; p= .034; p<0.05), respectful (r= -.231; p= .001; p<0.01) and connectedness (r= -.257; p= .000; p<0.01) factors. Negative significant correlation was found between cultural behavior and emotional intelligence optimism/mood regulation (r= -.210; p= .002; p<0.01) factor (Table 4-5).

When the scores taken from the scales and gender were compared, statistically significant difference was found in terms of caring behaviours and all factors and emotional intelligence and all factors (p<0.05), with women having higher scores. There was also significant difference between cultural meta-cognitive factor and gender which was found to be higher in men (p<0.05). No significant difference was found between the state of having children and the scales (p>0.05). When the scales and the state of performing nursing willingly were compared, significance was found between caring behaviours scale total score and the factors assurance, respectful and connectedness (p<0.05). When the answers of the participants to the question "do you think that the nursing care is sufficient" were compared with the scales, significance was found only between caring behaviours scale connectedness factor and emotional intelligence total score (p<0.05). No significant difference was found between the scales and the region where the participants spent most of their lives. When the scales, factors and working years were compared, statistically significant difference was found only between cultural cognitive factor and individuals who had a working time between 2-5 years and 11 years and more (p<0.05), and mean cultural cognition score was found to be higher in individuals with 11 and more working years.

Table 5. Correlation between emotional intelligence, cultural intelligence and care behaviours scales

Scale/Factor	n	Mean± SD	1	2	3	8	9	10	11	12	13	14
1. Caring Behaviors Scale	217	5.053±0.819		.43**								
2. Emotional Intelligence Scale	185	141.367±18.656			-.06							
3. Cultural Intelligence Scale	213	47.558±12.092	-.09									
4.Cultural metacognitive	225	7.920 ±2.857				-.21*		-.25*	-.28*	-.27*	-.13**	-.24*
5.Cultural cognitive	218	15.963±4.890					.14**				.28*	.18*
6.Cultural motivational	221	12.004±3.656						-.13**	-.17**		.14**	
7.Cultural behavioural	224	11.821±3.493				-.17*	-.14**	-.23*	-.25*	-.21*		
8.Assurance	220	5.045±0.823										
9. Knowledge and skill	224	5.208±1.240										
10.Respectful	222	4.994±0.831										
11.Connectedness	223	4.949±0.842										
12.Optimisim/Mood regulation	206	44.563±5.960										
13. Use of emotions	219	18.940±4.150										
14. Evaluation of emotions	219	33.493±7.565										

**p<0.01, **p<0.05*

When the scores taken from the scales were compared with the number of patients cared for, statistically significant difference was found between nurses who had 1-10 patients and nurses who had 11-20 patients in terms of cultural intelligence factor cultural cognition, caring behaviour scale knowledge and skill factor and emotional intelligence evaluation of emotions and use of emotions scores ($p<0.05$) and the patients who a had a score between 1 and 10 were found to have higher scale scores. When the scales, factors and how nurses worked were compared, statistically significant difference was found between the nurses who worked in shifts and those who worked during the day in terms of cultural intelligence total score, cultural motivation and emotional intelligence factor use of emotions ($p<0.05$) and it was found that the nurses who worked in shifts had higher total scores; there was a statistically significant difference between the nurses who worked in shifts and those who worked during the day in terms of caring behaviours scale connectedness factor total score ($p<0.05$) and nurses who worked during the day had higher connectedness total score. Statistically significant difference was found between the nurses who worked in shifts and those who worked during the day and night in terms of cultural behaviour factor ($p<0.05$) and the nurses who worked in shifts had higher total score.

Discussion

It was found that the mean total scores of the participants included in the study was moderately low, total mean score of meta cognitive factor was low and the total mean score of cognitive, motivational and behavioural factors were moderate. While there are studies in literature which found high cultural intelligence scores in literature [2], there are also studies which were in parallel with our study [22]. The emergence of different results brought to mind the individual differences of the individuals who participated in the study.

It was found that the mean total scores of the participants from the emotional intelligence scale and the scale factor optimism/mood regulation total score were moderately high, while the use of emotions and evaluation of emotions factors were moderate. Our results were in parallel with some of the literature [5,23]. In a study conducted in 2017 by Kılıç et al. on nursing students, it was concluded that emotional intelligence levels needed to be improved [13,14]. This result, which was different from our study, can be due to the fact that the study participants were young and did not have working experience. The total mean scores of the participants from the caring behaviours scale and the factors of the ranking were found to be high. This result is in parallel with the literature [5]. When the correlation between the scores taken from the scales was examined, a significant positive correlation was found between caring behaviours and emotional intelligence scale total scores. This result is in parallel with the literature. It shows that the increase in patient satisfaction, which is an indicator of growth in the quality of care and, at the same time qualified care, is directly associated with the care provided by nurses with high emotional intelligence [5,23]. Nurses who understand patients' emotions and are aware of their own feelings can comprehend the situation patients are in more clearly and manage caring behaviours correctly. It is thought that such behaviour will strengthen the communication between nurse and patient, and it will increase the quality of care.

In addition, holistic approaches of nurses to patients and their ability to decide what will be helpful for each patient are related to their emotional intelligence [23]. No significant correlation was found between the cultural intelligence scale's total score and the scores of the other two scales. A negative correlation was found between cultural intelligence cultural metacognitive factors and caring behaviours assurance, respectful and connectedness factors and all factors of the emotional intelligence scale. This result can be associated with the moderately low scores of nurses on cultural and emotional intelligence scales [16]. It also brought to mind that nurses are unaware of emotions and the cultural knowledge they use during care and that increased cultural intelligence levels will cause a positive reflection on caring behaviours. Thus, it will be possible to provide quality

care appropriate to the culture. A positive and significant correlation was found between cultural cognition and caring behaviours knowledge and skill and emotional intelligence factors and between emotional intelligence. Individuals with high cultural awareness successfully comprehend the similarities and differences of intercultural situations. Our study also found that nurses with moderate cultural cognition tended to use their information and skills and meet the care needs of patients from different cultures to have enough experience and knowledge about culture-specific care. While a negative significant correlation was found between cultural motivation and caring behaviours scale respectful and connectedness factors, significant positive correlation was found between cultural motivation and emotional intelligence use of emotions factor. This result can also be associated with moderate scores taken from the scales. A negative significant correlation was also found between cultural behaviour and care behaviour scale all factors and emotional intelligence optimism/mood regulation factor. These results brought to mind that nurses cannot use effective communication methods when they encounter individuals from different cultures and their behaviours hurt care management. These results are different from the study in the literature [14]. Study conducted showed a positive correlation between emotional intelligence scale factors and cultural intelligence levels and cultural intelligence scale total mean scores and individualised care scale total scores [24]. When the scores obtained from the scales and genders were compared, a significant difference was found between care behaviours and all factors and emotional intelligence and all factors. The difference was found to be higher in women. While some of the studies did not find a difference between intelligence and gender [3], other studies reported differences or they reported that women had higher emotional intelligence even if there were no differences [1,25]. It can be thought that the difference between studies can be that the sample groups in the studies have different cultural structures. Socio-demographic characteristics are not key factors. However, professional characteristics affect emotional intelligence level. Another result showed that there were no differences between genders in terms of care behaviours [5]. This difference was thought to result from gender percentages in the sample or the gender distribution of the nurses working in services providing care to patients.

There were also significant differences between cultural metacognitive factors and gender, which was found to be higher in men. This result is in parallel with the literature [4]. A significant difference was found between the state of performing the profession willingly and caring behaviours scale total score and assurance, respectful and connectedness factors. It can be seen that individuals who perform their job willingly have positive care behaviours and they show a behavioural effort to present more quality care. When the scales and factors were compared with working years, statistically significant difference was found only between cultural metacognitive aspect and the individuals who had a working year between 2-5 years and those who had 11 and higher working years and the cultural cognitive mean score was found to be higher in individuals with a working year of 11 years and more. Studies conducted have shown a negative correlation between years in the profession and cultural intelligence total score [26]. This difference is thought to result from the fact that nursing profession and nursing education change continually and the increased probability of caring for individuals from different cultures in time. In our study, significant correlation was found between a normal number of patients cared for and caring behaviours, emotional intelligence and cultural intelligence scale. It can be seen that this result is in parallel with the literature [5].

Conclusion

The research includes nurses working at Fethi Sekin City Hospital between 01.09.2019-01.03.2020. Sample selection was not made, and it consisted of 600 nurses who were in the hospital on the specified dates and agreed to participate in the study voluntarily. A generalisation can be made by repeating the study with a larger sample.

It was found that cultural and emotional

intelligence affect caring behaviours. It is important to develop cultural and emotional intelligence since cultural intelligence and emotional intelligence have a positive effect on nurses' job satisfaction, stress level, burnout, quality and consequences of patient care, decision making, critical thinking, empathising, effective communication, task performance and motivation. Nurses provide care in a more motivated way and providing care by understanding the patient and the patient's needs increases the efficacy and quality of care and helps both the patient and the nurse. Cultural and emotional intelligence levels, which can be acquired and developed during nursing education by including in the curriculum or during professional life with periodical in-service training programs, should be increased and used in clinic. Many studies report that training programs should be increased to develop the cultural and emotional intelligence of nursing department students and nurses.

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Conflict of Interest

The authors declare that there are no conflict of interests.

Data Availability Statement

Data available on request from the authors.

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