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Intercultural Sensitivity Levels of Nurses and Related Factors

Hemşirelerin Kültürlerarası Duyarlılık Düzeyleri ve Etkileyen Faktörler

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ABSTRACT Objective: This study was conducted in order to determine the intercultural sensitivity levels of nurses and influencing factors. **Material and Methods:** This research is a comparative descriptive study. The study was conducted in Turkey between March 2014 and June 2014. Written permissions were obtained from local ethics committee of İstanbul Faculty of Medicine, Turkey. The population and sample of the study were comprised nurses (n=246) working in a university hospital. Data were collected using a Personal Data Form and the Intercultural Sensitivity Scale. **Results:** The average total score of the Intercultural Sensitivity Scale of nurses was 86.23±9.80 (min=64, max=116), and the level of sensitivity was moderate. The average total scores from subscales of responsibility in interaction, respect for cultural differences, self- confidence in interaction, enjoying interaction, and attention in interaction were 25.89±3.28 (min=16, max=35), 22.61±3.32 (min=14, max=30), 16.29±3.31 (min=8, max=25), 10.86±2.15 (min=3, max=15), and 10.58±1.73 (min=3, max=15), respectively. There were statistically significant differences between sex, marital status, employment duration at the institution, level of education, being with other people from different cultures, knowing a foreign language, and intercultural sensitivity levels ($p< 0.05$). **Conclusion:** Intercultural sensitivity levels of nurses in communication with individuals from different cultures are important. It is important that those working in healthcare institutions, to which people from different cultures increasingly present to receive healthcare, know the language of their patients. For this reason, teaching different cultural languages can be recommended to increase intercultural sensitivity.

Keywords: Culture; interpersonal relations; nursing

ÖZET Amaç: Bu çalışma, hemşirelerin kültürlerarası duyarlılık düzeylerini ve etkileyen faktörleri belirlemek amacı ile gerçekleştirildi. **Gereç ve Yöntemler:** Bu araştırma, karşılaştırmalı tanımlayıcı bir çalışmadır. Çalışma Türkiye'de Mart 2014-Haziran 2014 tarihleri arasında gerçekleştirildi. Yazılı izinler, tıp fakültesi hastanesinin yerel etik kurulundan (İstanbul Tıp Fakültesi, Türkiye) alındı. Araştırmanın evren ve örneklemini bir üniversite hastanesinde çalışan hemşireler (n=246) oluşturdu. Veriler "Kişisel Bilgi Formu" ve "Kültürlerarası Duyarlılık Ölçeği" kullanılarak toplandı. **Bulgular:** Kültürlerarası Duyarlılık Ölçeği (KDÖ)'nin ortalama toplam puanı 86,23±9,80 (min=64, max=116) ve duyarlılık düzeyi orta düzeyde idi. KDÖ'nün iletişimde sorumluluk, kültürel farklılıklara saygı, iletişimde kendine güvenme, iletişimden hoşlanma, iletişimde dikkatli olma alt ölçek toplam puan ortalamaları sırasıyla; 25,89±3,28 (min=16, max=35), 22,61±3,32 (min=14, max=30), 16,29±3,31 (min=8, max=25), 10,86±2,15 (min=3, max=15), ve 10,58±1,73 (min=3, max=15)'tür. Cinsiyet, medeni durum, kurumda çalışma süresi, eğitim düzeyi, farklı kültürden insanlarla birlikte olmak ve yabancı dil bilmek ile kültürlerarası duyarlılık düzeyi arasında istatistiksel olarak anlamlı farklılıklar bulundu ($p< 0,05$). **Sonuç:** Farklı kültürden gelen insanların sağlık bakımı gereksinimlerinin arttığı sağlık kurumlarında çalışanların bu kültürdeki insanların dilini bilmeleri önemlidir. Bu nedenle kültürlerarası duyarlılığı arttırmak için farklı kültürel dillerin eğitimi önerilebilir.

Anahtar Kelimeler: Kültür; kişilerarası ilişkiler; hemşirelik

The main purpose of a professional discipline is to reveal the scientific knowledge that can be used in practices of the profession. The basic concepts that guide the nursing practices in the theoretical framework of nursing education include human, environment, health/illness, and nursing.[1] Without these concepts, nursing cannot be considered as a branch of science or a professional discipline. These concepts are based on people and a human being is a multi-dimensional bio-psycho-socio-cultural entity. A nurse can provide quality care if she/he addresses a human as a whole with their biophysiologic, psychological, social, and cultural aspects.

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Health and humans are exposed to social effects. Having information about the units within the community is important in the service provided while meeting the basic needs of the individuals. In other words, people or nursing isolated from society is unthinkable.[1]

As in many countries of the world, the cultural diversity of those having access to healthcare services in Turkey is progressively increasing. Since 2011, the number of Syrians who migrated to Turkey due to the civil war is known to exceed three and a half million. It is suggested that with immigrants, the cultural diversity and health perception of countries may change with an increasing population.[2]

Taking into account the cultural characteristics of individuals from different cultures during the provision of healthcare services is very important in giving them the right to receive healthcare.[3] Nurses, who constitute the basic structure of healthcare services, may face certain difficulties and obstacles in providing care to individuals from different cultures.[4] One primary obstacle is the difficulty in communication.[5] A diversified community requires healthcare services that can be offered in a sensitive way to various cultures. Nurses play a key role in meeting the care requirements of individuals from different cultures in a healthcare setting. Therefore, the intercultural sensitivity levels of nurses should be investigated in terms of factors influencing such levels.

BACKGROUND

In the widest sense, culture is learned, shared and transferred values, beliefs, norms and ways of life of a group that expresses their thoughts, decisions, and actions in a different way.[5-7] Cultural sensitivity is an ethical principle that emphasizes the awareness and meaning of cultural diversity. The principle of cultural sensitivity requires accepting and recognizing cultural differences and respecting individuals from different cultures.[8,9]

Intercultural sensitivity is defined as the ability to develop positive emotions that stimulate effective behavioral patterns appropriate for intercultural communication in interpretation and assessment of different cultures.[10] The features one must possess to achieve cultural sensitivity include knowledge, "knowledge of cultural differences and values;" consideration, "consideration of someone else's past, language and beliefs;" understanding, "understanding of the values and influences of others' values or experiences;" and tailoring "to take action to meet someone else's needs and show cultural sensitivity".[9] In addition, intercultural sensitivity is seen as part of the intercultural interaction and empathy is thought to be a key element of this sensitivity.[11] Empathy, which means understanding someone by putting yourself in that person's place, is the basis of nursing care. Therefore, it is necessary for nurses to understand, accept, and empathize that healthy/sick individuals from different cultures may have differences in their health beliefs, behaviors, and perceptions in providing care with a holistic approach. However, a nurse cannot show this sensitivity.[4,12] Therefore, the intercultural sensitivity of nurses should be investigated in terms of factors influencing such levels. Though limited in number, similar studies investigating the intercultural sensitivity levels of nurses and factors influencing such levels are present in the literature. Nurses working in a hospital in Kilis were reported to have moderate intercultural sensitivity, which tends to be affected by perceived stress, the level of intercultural sensitivity of clinical nurses was partly high, and that nurses wanted to receive training in order to understand the culture of the community they lived in.[13,14] In a study conducted by Chang et al. on community health nurses in Taiwan, nurses were found to have low levels of intercultural sensitivity and English language proficiency, and having friends with different cultural backgrounds were the most important variables that could affect intercultural sensitivity.[5] There are also studies conducted with various sample groups. A study by Simsek et al. on Turkish nurse trainers reported that nurse trainers had moderate intercultural sensitivity and features such as using mass media, participating in exchange programs, and having educational experience abroad, which might affect intercultural sensitivity.[15] Another study established that intercultural sensitivity increased with increasing empathy levels of nursing students.[11]

On the other hand, it was identified that students studying in different departments of a vocational

school of healthcare had less than moderate level of intercultural sensitivity, and meaningful differences were found between knowing foreign languages and interacting with other cultures and intercultural sensitivity.[10] In a study by Meydanlioglu et al. on nursing and medical school students, it was observed that students had a good level of intercultural sensitivity, and that the cultural sensitivity levels of students who spoke a foreign language and interacted with people from other cultures has significantly increased levels of intercultural sensitivity.[16]

In order to ensure that the care needs of individuals with different cultural characteristics can be fulfilled with a holistic approach, the intercultural sensitivity levels of nurses providing care, and the factors influencing such levels in various aspects should be identified and training programs to support their cultural sensitivities should be implemented.

It is noteworthy that the rate of individuals receiving care from different cultures at the hospital where the study was conducted has increased steadily in recent years. Considering this increase, the aim of the study was to identify potential communication problems among nurses, who are basic members of healthcare, and individuals from different cultures requiring care, and to draw attention to the intercultural sensitivity levels of nurses. Also, in view of the literature, it was concluded that the number of studies investigating intercultural sensitivities of clinical nurses is limited. Based on this point, the study was planned and answers were sought to the following questions:

- What are the cross-cultural experience of nurses related to socio-demographic and intercultural sensitivity?

- What are intercultural sensitivity levels of nurses?

- Is there a statistically significant difference between the sociodemographic characteristics of nurses and nurses' intercultural sensitivities?

- Is there a statistically significant difference between cross-cultural experience associated with intercultural sensitivity and nurses' intercultural sensitivities?

MATERIAL AND METHODS

STUDY DESIGN AND PURPOSE

The purpose of this comparative study, which was conducted between March 2014 and June 2014, was to identify the intercultural sensitivity levels of nurses working in a university hospital in Istanbul and factors relating to such levels.

SAMPLE AND SETTING

The study population comprised 878 nurses working in a medical faculty hospital in Istanbul. The number of samples was determined by removing 98 nurses who were on long-term leave of absence (prenatal and postnatal, sick leave) during the period of the study. The number of nurses who participated in the study was 246. A total of 265 nurses were given questionnaires because it was thought that the percentage of nurses who would not complete the questionnaire form could be 10% on average. The answers of 246 nurses who completed the questionnaire fully were included in the assessment.

INSTRUMENTS

Data were collected using a Personal Data Form and the Intercultural Sensitivity Scale (ISS).

1. Personal Data Form: This form consists of a total of 13 questions on sociodemographic characteristics, including age, sex, marital status, education status, and cross-cultural experience related to the intercultural sensitivity of the respondents, including familiarity with people from a different culture, foreign language knowledge, presentation of foreign patients to the nurse's unit, and the presentation of foreign patients whose language is unknown to the respective nurse, and the nurse's unit.

2. The Intercultural Sensitivity Scale (ISS): This 5-point Likert-type scale, consisting of 24 items, which was developed by Chen and Starosta, comprises five emotional subscales, including "responsibility in interaction" (items 1, 11, 13, 21, 22, 23, and 24), "respect for cultural differences" (items 2, 7, 8, 16, 18, and 20), "self-confidence in interaction" (3, 4, 5, 6, and 10), "enjoying interaction" (items 9, 12, and 15), and "attention in interaction" (items 14, 17,

and 19).[17] Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 of the scale are coded inversely.[18] The adaptation of the scale to Turkish was performed on two different sample groups, nursing students and teacher candidates *[Üstün E. Öğretmen adaylarının kültürlerarası duyarlılık ve etnik merkezcilik düzeylerini etkileyen etmenler [master's thesis]. İstanbul: Yıldız Teknik Üniversitesi; 2011. p.35-50. (Original work published in Turkish)]*. The Cronbach alpha coefficients calculated in two individual applications conducted in a reliability study of the original scale were 0.86 and 0.88. In our study, the Cronbach alpha value of the average total score of the ISS was 0.850. This score is 0.85-0.80 ≤ Cronbach alpha <1.00 indicates that the scale is highly reliable.[19]

PROCEDURE

The study was conducted between March 2014 and June 2014, and the objective of the study was described to the nurses. Nurses who volunteered to take part in the study were included. Data collection forms were delivered to these nurses and completed forms were collected.

ETHICAL CONSIDERATIONS

Throughout the study, the Human Rights Helsinki Declaration was observed. The objective of the study and what was expected from the participants were described to the healthcare workers; they were told that their participation in the study was entirely voluntary, that they could leave the study at any time, and the results of the data obtained would only be published by keeping identity details anonymous. The written consents of the nurses to participate in the study were obtained. Written permissions were obtained from local ethics committee of the medical faculty hospital (Permission no: 14.01.2014/2690), and the chief physician of the faculty and directorate of nursing services of the faculty.

DATA ANALYSIS

The Number Cruncher Statistical System (NCSS) (2007 (Kaysville, Utah, USA) software package was used for statistical analyses. During the evaluation of the data obtained from the study, Kolmogorov-Smirnov test was used regarding the comparisons of descriptive statistical methods (mean, standard deviation, median, frequency, rate) as well as conformity of the data to a normal distribution. In the comparison of quantitative data, unpaired t-test was used in the comparison of two groups of normally distributed parameters. Post-hoc Tukey HSD test was used after one-way analysis of variance (ANOVA) to compare parameters of more than two groups with normal distribution. Statistical significance was accepted as $p<0.05$.

RESULTS

The findings were examined under three headings:

1. The characteristics of sociodemographic and intercultural sensitivity of nurses: The mean age of the nurses participating in the study was 36.27±9.11 (min=20, max=61) years, 94.3% (n=232) of the nurses were female, 64.2% (n=158) were married, and 66.7% (n=164) had graduated from university. The average professional working period of the nurses was 5.06±9.89 (min=1, max=41) years, and the average working period at the institution was 12.91±9.66 (min=1, max=39) years (Table 1).

It was found that 80.9% (n=199) of the nurses were in familiar with people from other cultures, 57.7% (n=142) did not know a foreign language at the level of speaking and understanding, and 82.5% (n=203) worked in units to which foreign patients presented. It was also found that 80.1% (n=197) of the nurses worked in units to which foreign patients presented, the language of whom was unknown to the respective nurse, and 48.4% of the nurses (n=119) had difficulty in communicating with patients whose language was unknown to the respective nurse (Table 1).

The average total score from the ISS was 86.23±9.80 (min=64, max=116), and the average total scores from the subscales of interaction engagement, respect of cultural differences, interaction confidence, interaction enjoyment and interaction attentiveness were 25.89±3.28 (min=16, max=35), 22.61±3.32 (min=14, max=30), 16.29±3.31 (min=8, max=25), 10.86±2.15 (min=3, max=15), 10.58±1.73 (min=3, max=15), respectively (Table 2).

2. Comparison of sociodemographic characteristics of nurses with their intercultural sensitivity levels: No statistically significant difference

TABLE 1: Distribution of sociodemographic characteristics and cross-cultural experience (n=246).

Demographic Characteristics	**Min.-Max. (Median)**	**Mean±SD**
Age (years)	20-61 (36)	36.27±9.11
Work experience (years)	1-41 (14.5)	15.06±9.89
Work experience at the institution (years)	1-39 (10)	12.91±9.66
	n	**%**
Age		
20-30 years	75	30.5
30-40 years	85	34.6
≥40 years	86	35.0
Sex		
Female	232	94.3
Male	14	5.7
Marital Status		
Married	158	64.2
Single	88	35.8
Work experience		
<10 years	92	37.4
10-20 years	75	30.5
≥20 years	79	32.1
Work experience at the institution		
<10 years	119	48.4
10-20 years	62	25.2
≥20 years	65	26.4
Education level		
High school	11	4.5
Undergraduate	36	14.6
Graduate	164	66.7
Postgraduate	35	14.2
Familiarity with people from a different culture		
Yes	199	80.9
No	47	19.1
Knowing a foreign language		
Yes	104	42.3
No	142	57.7
Foreign patients in the unit worked		
Yes	203	82.5
No	43	17.5
Foreign patients in the unit worked at whose language they do not know		
Yes	197	80.1
No	49	19.9
Foreign patients in the unit worked whose language they do not know		
Yes	209	85.0
No	37	15.0
Having communication problems with patients whose language they do not know		
Yes	119	48.4
No	127	51.6

TABLE 2: Score distribution of the ıntercultural sensitivity scale and reliability values.

Cultural Sensitivity	Min-Max (Median)	Mean±SD	Cronbach's Alpha
Interaction Engagement	16-35 (26)	25.89±3.28	0.70
Respect of Cultural Differences	14-30 (23)	22.61±3.32	0.66
Interaction Confidence	8-25 (16)	16.29±3.31	0.76
Interaction Enjoyment	3-15 (11)	10.86±2.15	0.78
Interaction Attentiveness	3-15 (11)	10.58±1.73	0.39
Total Score	64-116 (86)	86.23±9.80	0.85

was found between the nurses' age distribution and professional working period and average total scores from the subscales of the ISS and the average total score from the ISS (p> .05).

Although there was a statistically significant difference between sex and average total score from the enjoying interaction subscale of the ISS, the females' average total score of the enjoying interaction subscale was statistically significantly higher than that of males (p= .029; p< .05). A statistically significant difference was identified between marital status and the average total score of the interaction engagement subscale of the ISS, the single nurses' average total score of the interaction engagement subscale was statistically significantly higher than the married nurses (p= .003; p< .01). There was a statistically significant difference between the nurses' working periods at the institution and their average total scores of the interaction engagement subscale of the ISS (p= .012; p< .05) (Table 3). According to the paired comparisons made to determine the group that created the difference; the interaction engagement subscale scores of the nurses' working periods at the institution for 20 years and longer were found statistically lower than the employees who had been working for less than 10 years (p= 0.012; p< 0.05).

Statistically significant differences (p< .05) were found between the nurses' education level and average total scores of the interaction engagement subscale (Table 3). The interaction engagement subscale scores of postgraduate nurses were found significantly higher than the graduate (p= .012; p< .05) and undergraduate nurses (p= .001; p< .01).

Statistically significant differences were found between the nurses' education level and average total scores of the interaction confidence subscale (p= .008; p< .01) (Table 3). According to the paired comparisons made to determine the group that created the difference; the interaction confidence subscale scores of the postgraduate nurses were found to be significantly higher than the high school nurses (p= .016; p< .05).

Statistically significant differences were found between the nurses' education level and the average total score of the ISS (p= .012; p< .05) (Table 3). According to the paired comparisons made to determine the group that created the difference; the average total score of the ISS of the postgraduate nurses were found to be significantly higher than the high school nurses (p= .016; p< .05).

3. Comparison of nurses' cross-cultural experience related to intercultural sensitivity with their intercultural sensitivity levels: Statistically significant differences (p< .05) were established between the nurses' familiarity with people from other cultures and the average total scores of the interaction engagement subscale (p= .001), respect of cultural differences subscale (p= .015), interaction confidence subscale (p= .013), and the enjoying interaction subscale (p= .011) of the ISS and the average total score from the ISS (p= .001). Statistically significant differences (p< .05) were identified between the nurses' knowledge of foreign languages and average total scores from the interaction confidence subscale (p= .001) of the ISS and the average total score from the ISS (p= .038). No statistically

TABLE 3: Comparison of the Intercultural Sensitivity Scale dimension scores according to the sociodemographic characteristics (n=246).

Demographic Characteristics	Interaction Engagement Mean±SD	Respect of Cultural Differences Mean±SD	Interaction Confidence Mean±SD	Interaction Enjoyment Mean±SD	Interaction Attentiveness Mean±SD	Total Score Mean±SD
Age						
20-30 years	26.21±3.16	22.80±3.40	16.17±3.02	10.76±2.29	10.64±1.40	86.59±9.13
30-40 years	25.89±3.21	22.34±3.54	16.54±3.36	11.12±2.04	10.67±1.66	86.56±10.32
≥40 years	25.59±3.46	22.72±3.05	16.15±3.51	10.70±2.12	10.43±2.03	85.59±9.91
[b]p	0.490	0.641	0.694	0.393	0.617	0.757
Sex						
Female	25.94±3.29	22.71±3.29	16.26±3.34	10.94±2.11	10.61±1.70	86.46±9.85
Male	24.93±3.02	21.00±3.59	16.86±2.63	9.64±2.56	10.07±2.06	82.50±8.32
[a]p	0.261	0.061	0.512	**0.029***	0.260	0.143
Marital Status						
Married	25.43±3.01	22.50±3.28	16.21±3.17	10.87±1.94	10.44±1.81	85.45±9.33
Single	26.70±3.58	22.82±3.41	16.44±3.56	10.84±2.49	10.83±1.53	87.64±10.50
[a]p	**0.003****	0.473	0.595	0.916	0.087	0.093
Work experience						
<10 years	26.17±3.09	22.32±3.39	16.39±3.06	10.82±2.26	10.72±1.44	86.41±8.91
10-20 years	26.03±3.23	22.79±3.56	16.65±3.46	11.08±2.05	10.55±1.68	87.09±10.87
≥20 years	25.42±3.51	22.80±3.02	15.84±3.42	10.71±2.12	10.44±2.06	85.20±9.75
[b]p	0.293	0.554	0.290	0.546	0.577	0.487
Work experience at the institution						
<10 years	26.30±3.07	22.34±3.45	16.40±3.12	10.92±2.20	10.80±1.47	86.77±9.35
10-20 years	26.16±3.57	23.19±3.52	16.58±3.63	11.03±2.11	10.55±1.82	87.52±11.32
≥20 years	24.86±3.18	22.55±2.85	15.82±3.32	10.58±2.09	10.20±2.01	84.02±8.77
[b]p	**0.012***	0.262	0.377	0.457	0.079	0.092
Education level						
High school	25.91±4.21	21.18±3.92	13.91±2.51	10.27±2.49	11.00±2.14	82.27±12.03
Undergraduate	24.64±2.61	22.33±2.64	15.39±2.76	10.64±1.61	10.39±1.66	83.39±7.04
Graduate	25.79±3.31	22.59±3.36	16.45±3.26	10.88±2.15	10.56±1.75	86.26±9.96
Postgraduate	27.63±2.83	23.49±3.50	17.26±3.79	11.20±2.53	10.71±1.58	90.29±9.62
[b]p	**0.001****	0.194	**0.008****	0.556	0.726	**0.012***

[a]Unpaired t-test; [b]One-way ANOVA Test; *p< 0.05; **p< 0.01.

TABLE 4: Comparison of the intercultural sensitivity scale dimension scores according to the cross-cultural experience (n=246).

Descriptive Characteristics	Interaction Engagement Mean±SD	Respect of Cultural Differences Mean±SD	Interaction Confidence Mean±SD	Interaction Enjoyment Mean±SD	Interaction Attentiveness Mean±SD	Total Score Mean±SD
Familiarity with people from a different culture						
Yes	26.30±3.18	22.86±3.26	16.53±3.36	11.03±2.13	10.63±1.61	87.35±9.51
No	24.13±3.13	21.55±3.41	15.30±2.89	10.15±2.11	10.36±2.17	81.49±9.67
[a]p	**0.001****	**0.015***	**0.013***	**0.011***	0.342	**0.001****
Knowing a foreign language						
Yes	26.21±3.52	22.54±3.32	17.26±3.02	11.09±2.14	10.64±1.54	87.74±10.06
No	25.65±3.08	22.67±3.34	15.58±3.34	10.70±2.15	10.53±1.85	85.13±9.49
[a]p	0.183	0.762	**0.001****	0.161	0.603	**0.038***
Foreign patients in the unit worked						
Yes	25.98±3.19	22.70±3.29	16.33±3.27	10.90±2.15	10.61±1.70	86.52±9.61
No	25.44±3.69	22.19±3.50	16.14±3.49	10.67±2.15	10.42±1.87	84.86±10.67
[a]p	0.329	0.354	0.739	0.530	0.508	0.313
Foreign patients in the unit worked whose language they do not know						
Yes	25.87±3.10	22.62±3.25	16.26±3.15	10.85±2.10	10.60±1.71	86.21±9.25
No	25.94±3.95	22.59±3.65	16.43±3.90	10.90±2.36	10.47±1.80	86.33±11.87
[a]p	0.914	0.959	0.778	0.896	0.626	0.948
Patients in the unit worked whose language they do not know						
Yes	25.98±3.15	22.70±3.20	16.32±3.18	10.93±2.09	10.62±1.72	86.55±9.27
No	25.38±3.92	22.11±3.96	16.16±4.00	10.49±2.45	10.32±1.76	84.46±12.39
[a]p	0.384	0.391	0.826	0.250	0.335	0.334
Having problems with patients whose they language do not know						
Yes	26.10±2.98	22.76±3.13	16.04±3.40	10.92±2.03	10.70±1.74	86.52±9.53
No	25.69±3.54	22.48±3.50	16.53±3.21	10.80±2.26	10.46±1.71	85.96±10.08
[a]p	0.321	0.516	0.251	0.659	0.291	0.655

[a]Unpaired t-test; *p< 0.05; **p< 0.01.

significant difference was found between the other cross-cultural experiences of the nurses related to intercultural sensitivity and the average total scores from subscales of the ISS (p> .05) (Table 4).

DISCUSSION

The hospital where the study was conducted is one of the largest hospitals of both Istanbul and Turkey, thus healthcare services are intensely provided to people from different cultures, the number of which in the hospital has progressively increased particularly in recent years. During the provision of the service, there may be various communication problems between the nurses and those receiving healthcare due to cultural differences and prejudices.[13] These problems can be prevented by identifying nurses' intercultural sensitivity levels and conducting various training modules aimed at increasing cultural sensitivity. Accordingly, this study was conducted in order to determine nurses' intercultural sensitivity levels and any factors influencing them, to recognize existing or potential problems, and provide guidance to training modules that might increase nurses' intercultural sensitivity levels.

In our study, it was found that 80.1% of the nurses worked in units to which foreign patients presented, and 51.6% had no difficulty in communicating with a patient whose language was unknown to the respective nurse. The study by Uzun & Sevinç reported that the most common problem of the vast majority of nurses providing care to foreign patients was language barriers.[13] Another study suggested that 57.1% of nurses provided care to patients from outside Turkey and 97.1% of nurses providing care experienced communication problems while providing care to patients from different cultures.[20]

Learning the language of people from different cultures is recognized as an important key to acquire intercultural sensitivity and understanding values and attitudes related to a culture.[21] Also, some studies emphasize that cultural sensitivity training programs can help to improve nurses' health beliefs, cultural knowledge, and cultural sensitivities in order to improve the quality of care of different cultural groups.[5] Although most of the nurses in the present study group stated that they had no communication problems with foreign patients, language courses can be provided to nurses and other healthcare team members who provide healthcare service 24h/7day to people from different cultures.

The average total score from the ISS and average scores from the subscales of the nurses participating in the study were moderate. A nationwide study conducted on 516 clinical nurses reported that nurses' intercultural sensitivity levels were moderate and needed to be improved.[14] The results of our study are similar to the results related to intercultural sensitivity levels reported by other similar studies conducted on a variety of groups.[5,10,11,13,16,15] If intercultural sensitivity is considered as a life-long learning process, it is possible to assume that this level of sensitivity may increase with increasing experience of care given to people from different cultures.

In our study, the average total scores of females of the enjoying interaction subscale were significantly higher than for men. In the literature, similar studies conducted on different groups or similar groups reported different or similar results *[Üstün E. Öğretmen adaylarının kültürlerarası duyarlılık ve etnik merkezcilik düzeylerini etkileyen etmenler [master's thesis]. İstanbul: Yıldız Teknik Üniversitesi; 2011. p.35-50. (Original work published in Turkish)].*[10,14,16,] This result may arise from the higher number of female subjects in our study group. On the other hand, it is stated that females use communication skills better than men.[22]

In the current study, average total scores of single nurses of the interaction engagement subscale was significantly higher than in married nurses, which can be attributed to the fact that marital status has an important effect on how people express feelings during communication. Therefore, this result suggests that single nurses are more attentive and responsible in communication with individuals from different cultures. In the literature, there are some examples that do not support this result.[23]

The average total score of the interaction engagement subscale of nurses who had worked in the institution for 20 years or more was significantly lower than that of nurses who worked in the institution for less than 10 years. This result may imply

that the nurses who had worked in the institution for a long time were burned out and therefore refused to communicate with people from a different culture.

Nurses graduates of school had significantly higher average scores in the interaction engagement subscale, interaction confidence subscale, and higher average total scores in the ISS. Similar results, albeit limited, have been reported in the literature.[14] Intercultural sensitivity is a life-long process and can be improved with education.[17]

Being together with people from different cultures and knowing foreign languages can affect intercultural sensitivity.[24] In our study, the intercultural sensitivity levels of nurses who were in contact with people from different cultures and spoke foreign languages were high. In the hospital where the study was conducted, there were many nurses who migrated from Bulgaria to work in Turkey. Therefore, we think that these nurses are well aware of what it means to be from a different culture and more sensitive to cultural sensitivity than other nurses. This result can be associated in this manner. This result is supported by similar studies in the literature *[Üstün E. Öğretmen adaylarının kültürlerarası duyarlılık ve etnik merkezcilik düzeylerini etkileyen etmenler [master's thesis]. İstanbul: Yıldız Teknik Üniversitesi; 2011. p.35-50. (Original work published in Turkish)]*.[5,16,23,24]

Due to civil wars in neighboring countries in Turkey in recent years, it has been the huge wave of migration.

Together with migration, social relations in our country are changing. Migrants are forced to enter new relationships with individuals they do not know at all. Therefore, the importance and content of the old relations also change. The immigrants, whose roots are severed, think that they are more precarious than the settled ones.[25] On the other hand, people all over the world have the right to receive health care services in line with ethical principles such as justice, equality, equity and usefulness.[26] Accordingly, in the provision of care and treatment services, institutional arrangements should be made to eliminate communication problems and care-treatment problems between the migrant patient group and the health care team.

As a result, the whole health care team, especially the nurses, in the institutions providing health care services play an important role in making the necessary arrangements.

LIMITATIONS OF THE STUDY

The limitations of our study include the fact that the study was conducted in a single center, the research results can only be generalized to the sample group, the questionnaire form was completed by nurses themselves, and were not able to include every nurse who worked in the hospital. In addition, another drawback of the study is the lack of validity of the ISS tool. Also, the Cronbach's alpha of each subscale of the ISS is below 0.8, which means that the reliability is not good.

PRACTICAL IMPLICATIONS

In the west of Turkey, refugee communities, especially Syria, are accommodated. And this community is the group that receives the most health care in the Turkish hospitals. However, Turkish nurses don't know and cannot speak this community's language. Although translation services are provided for foreign patients in all hospitals in Turkey do not communicate effectively with patients of foreign nationality. Therefore, first of all nurses' intercultural sensitivity levels should be increased.

In our study, the nurses' intercultural sensitivity level was moderate in the hospital in the west of Turkey. However, this may not be considered sufficient for effective health care delivery. We recommend educational programs to help nurses' intercultural sensitivity level increasing in hospitals. Also, nurse managers should measure the intercultural sensitivity level of nurses periodically. Individual and political factors that may affect intercultural sensitivity should be investigated.

CONCLUSION

The nurses' intercultural sensitivity level was moderate in the hospital where we conducted the study. The intercultural sensitivity level was significantly different by sex, marital status, employment duration at the institution, level of education, being with other people from different cultures, and knowing a foreign

language. However, more studies of this type should be performed with larger samples. In addition, in-service training aimed at increasing the level of intercultural sensitivity can be given in hospitals, and clinical nurses can be given the opportunity to observe different cultures by providing them with exchange programs, through which nurses may be motivated to learn a foreign language.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Şehrinaz Polat, Banu Terzi;* ***Design:*** *Şehrinaz Polat, Banu Terzi;* ***Control/Supervision:*** *Şehrinaz Polat, Banu Terzi;* ***Data Collection and/or Processing:*** *Şehrinaz Polat;* ***Analysis and/or Interpretation:*** *Şehrinaz Polat, Banu Terzi;* ***Literature Review:*** *Şehrinaz Polat, Banu Terzi;* ***Writing the Article:*** *Şehrinaz Polat, Banu Terzi;* ***Critical Review:*** *Banu Terzi;* ***References and Fundings:*** *Şehrinaz Polat.*

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