

Original Article

Intercultural Sensitivity and Job Satisfaction of Nurses and Midwives

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Correspondence: Seyda Can, PhD, Assistant Professor, Yalova University, Faculty of Health Sciences, Gokcedere Cad, 77400, Yalova, Turkey E- mail: seyda.can@yalova.edu.tr seyda.cann@hotmail.com**Abstract****Background:** There are various reasons, for example, migration, that lead different cultures to live together and interact with each other. Revealing the relationship between and the factors affecting intercultural sensitivity and job satisfaction is thus a requirement for improving the quality of care.**Objective:** The aim of this study is to identify the factors affecting and the relationship between intercultural sensitivity and job satisfaction of nurses and midwives.**Methodology:** This is a descriptive cross-sectional study. The study was conducted between January 2019-May 2019 on 247 nurses and midwives working at a state hospital in Turkey for at least one year.**Results:** It was found in the study that the total intercultural sensitivity score of nurses and midwives is 81.40 ± 10.96 and their general satisfaction score is mean 3.27 (*SD* 0.69) and it's medium-level. A positive significant relationship was identified between nurses' and midwives' intercultural sensitivity and job satisfaction. It was identified that women, and midwives and nurses over 51 years old have a higher cultural sensitivity, and midwives and nurses over 51 years old and those working in the general surgery service have higher level of job satisfaction.**Conclusion:** Examination of the relationship between nurses' and midwives intercultural sensitivity and job satisfaction revealed that their job satisfaction improved as their intercultural sensitivity increased. Language problems the nurses and midwives had with patients adversely affected their intercultural sensitivity, and, therefore, their job satisfaction. Identification of the factors affecting their intercultural sensitivity and job satisfaction will guide the adjustments required in the fields of education and practice.**Keywords:** Nurse, midwife, intercultural sensitivity, job satisfaction.**Introduction**

Global migration is gradually increasing worldwide. Not only factors such as education, marriage, employment, economic conditions but also war, ethnic and religious conflicts, poverty and hope for better living conditions lead people to migrate (Yilmaz et al., 2017). Different cultures need to live together or interact due to various reasons, as required by the changing world (Egelioglu Cetisli et al., 2016). The country in which the study was conducted let in 469,890 immigrants of foreign nationals in 2018.

Among the population of foreign nationals who came to Turkey in 2018, Iraqi citizens hold the first place with 23.6%, which is followed by Afghanistan with 9.6% and Syrian citizens with 8.4%, respectively. Living in countries, like Turkey, receiving migration from nearby countries or hosting different cultures and the societies they belong to adopt certain beliefs regarding family, child-rearing practices, health and disease roles constitutes one of the major points to include in health planning (Bulduk et al., 2017).

Cultures are defined as the values, beliefs, attitudes, behaviors, customs and traditions that are learned, shared and passed down to other generations by a group of people (Egelioglu Cetisli et al., 2016). It is an important necessity for healthcare professionals to establish intercultural communication with individuals from other cultures. Intercultural communication is the process of interaction between healthy/sick individuals and healthcare professionals, coming from different cultural backgrounds, which is based on understanding each other's culture (Karabuga Yakar & Ecevit Alpar, 2018). Intercultural sensitivity is a part of intercultural communication skill (Egelioglu Cetisli et al., 2016). Being aware of the cultural factors, understanding cultural differences and having cultural sensitivity is of great importance in providing individuals with better healthcare (Aslan et al., 2016). Healthcare professionals need to be sensitive to cultural differences which they need to consider in their practices to make sure that individuals receive a holistic and quality care (Karabuga Yakar & Ecevit Alpar, 2018).

Job satisfaction is defined as an emotional response that individuals develop based on their assessment of their job and job environment and also referred to as the level of fulfillment of individuals' physical, spiritual and social needs in compliance with their expectations (Shoorvazi et al., 2016). It is one of the motivators affecting individuals' service quality and increasing creative and innovative approaches (Kanbur, 2018). Job satisfaction of nurses and midwives, who constitute the largest group in healthcare professionals and provide care 24/7 to healthy/sick individuals, is one of the key factors influencing the quality of care that is provided (Gillet et al., 2018; Ullah et al., 2018). Patients' access to quality and sufficient healthcare service is closely associated with healthcare providers' satisfaction with the service they offer. A number of variables affecting nurses' and midwives' job satisfaction were covered in the literature. Such factors are usually the personal traits and factors related to the working environment.

This study was conducted to identify the intercultural sensitivity and job satisfaction of nurses and midwives, who provide service to individuals with different cultural traits due to working or migration and have the primary responsibility of care among other healthcare

professionals, and to put forth the relationship between intercultural sensitivity and level of job satisfaction. Results to be obtained are believed to serve as data for the fields of nursing practices and training.

Research Questions

Q1. What is the level of intercultural sensitivity of nurses and midwives?

Q2. What is the level of job satisfaction of nurses and midwives?

Q3. Is there any relationship between intercultural sensitivity and job satisfaction of nurses and midwives?

Methodology

Study design and sample: This is a descriptive (cross-sectional) study carried out to identify nurses' and midwives' intercultural sensitivity and job satisfaction level and the relationship between them. The population of the study consists of 332 nurses and midwives working at a state hospital in Turkey between January 2019-May 2019. The hospital where the study was conducted is a centrally located state hospital with three additional service buildings and a total capacity of 676 beds. The hospital, which has all internal and surgical clinics, provides 24/7 service. The study was carried out with 247 nurses and midwives, who agreed to participate in the study upon being informed about the study, its aim, content and method.

Sample selection criteria of the study

- Working at the relevant institution as a nurse or a midwife for at least one year,
- Volunteering to participate in the study,

Measures: In data collection, Information Form, Intercultural Sensitivity Scale (ISS) and Minnesota Satisfaction Questionnaire were used.

Information form: The structured information form used in data collection was developed by the researchers based on the literature knowledge. The form included variables pertaining to the demographic and job characteristics that are claimed in the literature to affect intercultural sensitivity and job satisfaction (Egelioglu Cetisli et al., 2016, Mrayyan, 2005). Questioning the introductory characteristics, the form consists of 12 questions aiming to identify the *demographic characteristics* (age, gender, and marital status of nurses), *socioeconomic characteristics* (level of education), *professional*

characteristics (department of work, total duration of work in the profession/ward, choice of profession), frequency of providing care to individuals from different cultures, problems encountered and solution suggestions.

Intercultural Sensitivity Scale (ISS): In this study, the Intercultural Sensitivity Scale (ISS), which was developed by Chen and Starosta (2000) and adapted into Turkish by Bulduk, Tosun and Ardic (2011), was used as the data collection tool. The scale consists of 24 questions under five affective subscales including interaction engagement subscale covering items 1, 11, 13, 21, 22, 23, and 24; respect for cultural differences subscale covering items 2, 7, 8, 16, 18, and 20; interaction confidence subscale covering items 3, 4, 5, 6, and 10; interaction enjoyment covering items 9, 12, and 15; and interaction attentiveness covering items 14, 17, and 19. Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 are coded inversely. The Intercultural Sensitivity Scale is a 5-point Likert scale and represents the following options: (1) strongly disagree, (2) disagree, (3) undecided, (4) agree, and (5) strongly agree (Bulduk, Tosun & Ardic, 2011). Interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment and interaction attentiveness are the subscales of the Intercultural Sensitivity Scale. The lowest and highest scores from this scale can be 24 and 120, respectively. Increased total score suggests an increased intercultural sensitivity level. In this study, Cronbach's alpha coefficient of the scale was found to be 0.723.

Short form Minnesota Satisfaction Questionnaire (MSQ): Short Form Minnesota Satisfaction Questionnaire (MSQ) was developed to measure job satisfaction by Weiss, Dawis, England, and Lofquist (1967) and adapted into Turkish by Baycan (Guriş et al., 2017). In her study, Baycan (1985) found the scale's Cronbach's alpha internal consistency coefficient to be .90. This scale is used to identify nurses' job satisfaction. MSQ consists of Likert-type 20 items that are capable of determining the intrinsic (12 items) and extrinsic (8 items) satisfaction factors, each using the following five choices: "very dissatisfied", "dissatisfied", "neither satisfied nor dissatisfied", "satisfied", "very satisfied".

The scale provides general satisfaction, intrinsic satisfaction and extrinsic satisfaction scores. General satisfaction score is obtained by dividing

the sum of each item score by 20. Intrinsic satisfaction depends on the factors pertaining to the intrinsic quality of the job such as achievement, recognition or appreciation, the job itself, and responsibility. The relevant subscale consists of items 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, and 20. Intrinsic satisfaction score is calculated by dividing the sum of the scores obtained from the intrinsic satisfaction items by 12.

Extrinsic satisfaction consists of factors about the aspects of job such as organizational policy and management, style of the manager, relations with co-workers, working conditions, salary and promotion opportunities

This subscale includes items 5, 6, 12, 13, 14, 17, 18, and 19. Extrinsic satisfaction score is calculated by dividing the sum of the scores obtained from the extrinsic satisfaction items by 8. The lowest score that can be obtained from the scale is 1, the highest score is 5. In this study, Cronbach's alpha coefficient of the scale was found to be 0.966.

Data analysis: Data analysis was performed through SPSS for Windows (Statistical Package for the Social Science for Windows, Version 21.0). The arithmetic mean, standard deviation, minimum and maximum values were adopted in the assessment of the numeric variables whereas in the assessment of the categorical variables, frequency and percentage were employed. Compliance with normal distribution was tested through the Shapiro-Wilk test. Considering the fact that data were not normally distributed, Mann Whitney U test was used to compare the point average between the two groups. Kruskal Wallis test was used to compare the point average between 3 and more groups, and Dunn-Boferroni test was used to determine from which group the difference arises. In identifying the relationship between intercultural sensitivity and job satisfaction, Spearman correlation was adopted. Statistical significance was set at $p \leq .05$.

Ethical considerations: This study was carried out upon the permissions of the Ethics Committee of Non-Interventional Research (No= 77192459-050.99-E.30984 and Decision= 13/17) and of the provincial directorate of health. The "Informed Permission Form for Volunteers", prepared by the researchers to inform the participants, was adopted in the study, in every step of which ethical principles were observed.

Results

A total of 247 nurses and midwives were included. Socio-demographic and related professional characteristics of the sample are shown in Table 1. Most of the participants in the sample were women (91.1%), married (71.7%) and had bachelor's degree (72.5%). Most of the patients (44.1%) worked in internal clinics, they worked for 15.34 (*SD* 8.70) years average; they worked in their current ward for 8.18 (*SD* 7.63) years on average; and 78.5% chose the profession of their own will. The number of immigrants that 95.1% of the nurses and midwives cared for ranged between 0-20; 70% had troubles in caring for immigrants; and 43.3% communicated with them with the help of an interpreter.

The most frequent problems encountered by nurses and midwives in providing care for immigrant individuals can be listed in the following order: language and communication problems, cultural differences, and problems regarding hygiene and education. Participants proposed as solutions to the foregoing problems that full-time interpreters should be employed, immigrants should learn Turkish, they should return back to their home countries and they should be educated (Table 1). The scores mean that nurses and midwives got from the Intercultural Sensitivity Scale and subscales for interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness were, respectively, 23.48 (*SD* 3.70), 21.04 (*SD* 3.50), 15.68 (*SD* 3.19), 10.74 (*SD* 2.03), and 10.44 (*SD* 1.86) whereas their total intercultural sensitivity score mean was 81.40 (*SD* 10.96). Their Minnesota Satisfaction Questionnaire scores mean can be listed as 3.47 (*SD* 0.72), 2.97 (*SD* 0.82), 3.27 (*SD* 0.69) for intrinsic satisfaction, extrinsic satisfaction, and general satisfaction, respectively (Table 2). It was found that there are significant differences ($X^2 = 5.699, p = 0.012$) according to age in respect to cultural differences sub-dimension, and that midwives and nurses in the 31-40 age group have more respect for cultural differences ($p = 0.012$). Similarly, female participants got high scores from the same subscale and this difference too was statistically significant ($Z = 2.047, p = 0.041$). It was seen that nurses and midwives who reported having partial problems during their communication with migrant patients have a significant difference in total scores of sensitivity

to cultural differences ($X^2 = 7.898, p = 0.019$) and intercultural sensitivity ($X^2 = 7.473, p = 0.024$), and that nurses having partial problems had higher respect for cultural differences ($p = 0.006$) and intercultural sensitivity ($p = 0.010$) (Table 3). Age was found to cause significant differences in intrinsic satisfaction ($X^2 = 9.912, p = 0.019$) and general satisfaction ($X^2 = 10.065, p = 0.018$) scores. It was seen that the significant relationship in the intrinsic satisfaction sub-dimension was higher than the difference between the 51 and older age group, 21-30 age group ($p = 0.028$) and 41-50 age group ($p = 0.023$), and that the intrinsic satisfaction and general satisfaction of midwives and nurses over 51 years were higher. It was seen that the services that nurses and midwives work caused a significant difference in extrinsic satisfaction ($X^2 = 9.341, p = 0.025$) and general satisfaction ($X^2 = 9.807, p = 0.020$) scores. It was seen that this significant difference in extrinsic satisfaction ($p = 0.040$) and general satisfaction ($p = 0.029$) arises from the points average of nurses working in internal and surgical services, and that the extrinsic satisfaction and general satisfaction of nurses working in surgical services were higher. Significant difference was found in the extrinsic satisfaction ($X^2 = 8.730, p = 0.013$) and general satisfaction ($X^2 = 6.245, p = 0.044$) scores of midwives and nurses who reported to have problems with immigrant patients. It was observed that this significant difference arises from the group that reported having problems in general satisfaction ($p = 0.047$) and extrinsic satisfaction ($p = 0.017$) scores and the one that didn't report this, and that midwives and nurses who reported that they had no problems had higher general and extrinsic satisfaction (Table 4). Examination of the relationship between the scores that nurses and midwives got from the Intercultural Sensitivity Scale and the Minnesota Satisfaction Questionnaire revealed that the relationship between the intrinsic satisfaction subscale and the subscales interaction engagement, respect for cultural differences, interaction enjoyment and interaction attentiveness was highly significant ($p < 0.01$), and the relationship between the intrinsic satisfaction subscale and the interaction confidence subscale was found to be significant ($p < 0.05$). A highly significant relationship was identified between the scores that nurses and midwives got for general satisfaction and for

intercultural engagement and intercultural sensitivity ($p<0.01$) and a significant relationship between the interaction enjoyment and interaction attentiveness subscales (Table 5).

Table 1. Characteristics of participants and most frequent problems and solution suggestions (n= 247)

Characteristics	Mean±SD	
Age (Average)	37.08±7.96	
Duration of work at the ward (Year)	8.18±7.63	
Total duration of work (Year)	15.34±8.70	
	n	%
Gender		
Female	225	91.1
Male	22	8.9
Marital status		
Married	177	71.7
Unmarried	70	28.3
Level of education		
High school	3	1.2
Associate degree	47	19.0
Bachelor's degree	179	72.5
Master's degree	18	7.3
Ward		
Internal clinic	109	44.1
Surgical clinics	60	24.3
Intensive care	45	18.2
Emergency department	33	13.4
Choice of profession		
Willingly	194	78.5
Unwillingly	53	21.5
Having problems with immigrants		
Yes	173	70.0
No	23	9.3
Sometimes	51	20.6
Communication with immigrants		
Turkish	68	27.5
Interpreter	107	43.3
Dictionary assistance	3	1.2
Body language	69	27.9
Average number of immigrants cared for		
0-20	235	95.1
21-40	8	3.3
41-60	4	1.6
Problems encountered by healthcare professionals*		
Language + Communication problem	222	78.8
Cultural difference	16	5.7
Hygiene	12	4.2
Lack of education	6	2.1
Other	26	9.2
Solution suggestions* (more than one answer.)		
Interpreter	89	38.4

They should learn Turkish	72	31.0
They should return to their countries	30	12.9
Education (Cleaning-hygiene-baby care)	12	5.2
Other suggestions	29	12.5

Table 2. Intercultural Sensitivity Scale (With Subscales) and the Minnesota Satisfaction Questionnaire (With Subscales)

Variable	Min	Max	Mean	SD
Interaction engagement	11.00	33.00	23.48	3.70
Respect for cultural differences	6.00	30.00	21.04	3.50
Interaction confidence	5.00	25	15.68	3.19
Interaction enjoyment	3.00	15.00	10.74	2.03
Interaction attentiveness	5.00	15.00	10.44	1.86
Intercultural sensitivity scale total	30.00	115.00	81.40	10.96
Intrinsic satisfaction	1.00	5.00	3.47	0.72
Extrinsic satisfaction	1.00	5.00	2.97	0.82
General satisfaction	1.00	5.00	3.27	0.69

Table 3. Scores nurses obtained from the Intercultural Sensitivity Scale and Subscales based on their sociodemographic and professional characteristics

Characteristics	n	Interaction engagement		Respect for cultural differences		Self-Confidence		Interaction enjoyment		Interaction attentiveness		Total	
		Mean±SD	Z/p	Mean±SD	Z/p	Mean±SD	Z/p	Mean±SD	Z/p	Mean±SD	Z/p	Mean±SD	Z/p
Gender													
Female	225	23.47±3.63	0.714	21.07±3.38	2.047	15.72±3.08	0.287	10.79±1.94	1.859	10.45±1.85	0.272	81.51±10.54	-1.274
Male	22	23.59±4.38	0.475	20.77±4.63	0.041*	15.31±4.24	0.774	10.22±2.82	0.063	10.40±2.03	0.785	80.31±14.92	0.203
	n	Mean±SD	X²/p	Mean±SD	X²/p	Mean±SD	X²/p	Mean±SD	X²/p	Mean±SD	X²/p	Mean±SD	X²/p
Age													
21-30	65	23.55±3.68		21.73±3.34		15.72±2.89		11.07±1.96		10.46±1.79		82.55±10.82	
31-40	97	23.11±3.39	2,944	20.37±3.65	5.699	15.45±3.39	0.646	10.31±2.23	0.526	10.37±1.91	2,936	79.62±11.38	3.220
41-50	76	23.69±4.00	0.400	21.17±3.35	0.012*	15.98±3.18	0.886	11.00±1.78	0.913	10.47±1.88	0,396	82.32±10.60	0.359
51 and above	9	25.11±4.40		22.22±3.34		15.44±3.57		10.77±1.78		11.00±1.93		84.55±9.166	
Education													
High school	3	23.33±7.02		22.66±3.51		15.33±1.15		9.66± 0.57		10.00±1.73		81.00±11.78	
Associate degree	47	22.95±3.71	2.597	20.70±3.24	2.649	15.68±3.33	0.336	10.34±2.12	5.119	10.42±1.87	0,574	80.10±11.51	0.956
Bachelor's degree	179	23.54±3.64	0.458	21.15±3.62	0.449	15.65±3.16	0.953	10.81±2.06	0.163	10.48±1.90	0,902	81.65±11.01	0.812
Master's degree	18	24.22±3.82		20.55±2.93		16.05±3.63		11.27±1.40		10.27±1.60		82.38±9.46	
Ward													
Internal	109	23.70±3.59		21.29±3.32		16.14±3.2		10.91±1.97		10.60±1.82		82.66±10.85	
Surgical	60	23.21±4.69	2.036	21.25±4.41	3.982	15.51±3.18	6.824	10.81±2.33	3.387	10.18±2.18	1.882	80.98±13.37	4.712
Intensive care	45	23.04±3.08	0.565	20.33±2.82	0.263	14.80±2.83	0.078	10.44±2.06	0.336	10.53±1.79	0.597	79.15±9.17	0.194
Emergency Department	33	23.81±2.69		20.81±3.01		15.69±3.14		10.45±1.56		10.30±1.46		81.09±8.30	
Total year of work													
1-10	85	23.29±3.61		21.02±3.50		15.57±3.22		10.80±2.08		10.22±1.83		80.91±11.43	
11-20	90	23.22±3.55	1.966	21.06±3.69	1.744	15.63±3.21	0.259	10.55±2.22	0.528	10.52±1.96	1.501	81.00±10.85	1.280
21-30	65	23.92±3.99	0.579	20.87±3.29	0.627	15.89±3.16	0.968	10.90±1.68	0.913	10.58±1.76	0.682	82.18±10.72	0.734
31 and above	7	25.00±3.74		22.57±3.15		15.85±3.57		11.00±2.16		11.00±2.00		85.42±9.64	
Number of cared persons													
0-10	214	23.38±3.1		21.10±3.49		15.5±3.19		10.70±2.07		10.39±1.89		81.14±11.22	
11-20	21	23.80±3.07	2.417	19.95±3.81	2.325	16.85±3.11	4.946	11.19±1.77	1.868	10.42±1.83	4.51	82.23±9.95	2.131
21-30	8	24.25±2.86	0.490	21.50±3.50	0.508	16.50±3.74	0.176	10.62±2.06	0.600	11.37±1.59	0.236	84.25±9.22	0.46
31 and above	4	25.25±0.95		22.50±1.73		15.00±1.41		11.00±1.63		11.50±0.57			

Experiencing communication													
Yes	173	23.24±3.86		20.66±3.58		15.35±3.18		10.53±2.13		10.32±1.91		80.12±11.27	
No	23	23.91±3.01	1.59	21.65±3.06	7.898	16.39±3.60	4.255	11.39±1.87	5.949	10.43±1.92	2.113	83.78±10.50	7.473
Sometimes	51	24.09±3.38	0.436	22.05±3.19	0.019*	16.50±2.91	0.119	11.15±1.64	0.051	10.86±1.64	0.348	84.68±9.30	0.024*
Problems type of communication													
Turkish	68	22.91±3.38		21.29±3.34		15.94±2.89		10.72±1.69		10.44±1.78		81.30±9.90	
Interpreter	107	23.48±3.40	6.046	21.19±2.90	4.694	15.43±3.08	0.845	10.92±1.93	4.411	10.33±1.76	2.952	81.38±10.01	3.393
Dictionary	3	21.66±1.15	0.109	17.66±1.52	0.196	16.00±1.00	0.839	9.33±1.52	0.220	9.33±1.52	0.399	74.00±6.24	0.335
Body language	69	24.11±4.39		20.71±4.40		15.81±3.70		10.55±2.46		10.68±2.11		81.86±13.35	

*p<0.05 **p<0.01

Z:Mann Whitney U Test

X²: Kruskall Wallis Test

Table 4. Average scores nurses obtained from the Minnesota Satisfaction Scale and Subscales based on their sociodemographic and professional characteristics

Characteristics	n	Intrinsic satisfaction		Extrinsic satisfaction		General satisfaction	
		Mean±SD	Z/p	Mean±SD	Z/p	Mean±SD	Z/p
Gender							
Female	225	3.45±0.72	-1.160	2.96±0.83	0.608	3.25±0.70	0.984
Male	22	3.68±0.65	0.246	3.07±0.79	0.543	3.44±0.60	0.325
	n	Mean±SD	X²/p	Mean±SD	X²/p	Mean±SD	X²/p
Age							
21-30	65	3.37±0.83	9.912 0.019*	2.82±0.85	3.997	3.15±0.77	10.065 0.018*
31-40	97	3.55±0.58		3.09±0.97		3.37±0.60	
41-50	76	3.39±0.75		2.87±0.84	0.136	3.18±0.71	
51 and above	9	4.08±0.57		3.52±0.53	3.85±0.49		
Education							
High School	3	4.00 ±0.22	4.188 0.242	2.95±0.38	2.596	3.58±0.16	3.667 0.300
Associate degree	47	3.3±0.70		2.84±0.80		3.16±0.66	
Bachelor's degree	179	3.50±0.69		3.01±0.82	0.458	3.31±0.68	
Master's degree	18	3.33±0.98		2.83±1.01	3.13±0.95		
Ward							
Internal	109	3.42±0.72	7.204 0.066	2.86±0.79	9.341 0.025*	3.20 ±0.67	9.807 0.020*
Surgical	60	3.64±0.79		3.24±0.89		3.48±0.77	
Intensive care	45	3.46±0.62		2.83±0.79		3.21±0.63	
Emergency Department	33	3.36±0.65		3.00±0.73		3.22±0.65	
Total year of work							
1-10	85	3.42±0.79	5.305 0.151	2.90±0.85	6.079	3.21±0.74	6.221 0.101
11-20	90	3.46±0.65		3.01±0.82		3.28±0.65	
21-30	65	3.50±0.70		2.93±0.80	0.108	3.27±0.68	
31 and above	7	4.09±0.66		3.62±0.57	3.90±0.56		
Number of cared persons							
0-10	214	3.48±0.74	3.044 0.385	2.98±0.84	2.494 0.476	3.28±0.72	3.560 0.313
11-20	21	3.36±0.40		2.73±0.73		3.11±0.49	
21-30	8	3.53±0.78		2.95±0.72		3.30±0.66	
31 and above	4	3.81±0.22		3.31±0.38		3.61±0.21	
Experiencing problems							
Yes	173	3.44±0.72	3.439 0.179	2.88±0.83	8.730 0.013*	3.22±0.69	6.245 0.044*
No	23	3.65±0.61		3.35±0.77		3.53±0.63	
Sometimes	51	3.52±0.74		3.07±0.77		3.34 ±0.71	
Type of communication							
Turkish	68	3.46±0.77	7.041 0.071	3.02±0.85	0.921	3.29±0.73	2.345 0.504
Interpreter	107	3.38±0.72		2.93±0.84		3.20±0.70	
Dictionary	3	3.27±0.25		3.00±0.00	0.820	3.16±0.15	
Body language	69	3.64±0.65		2.96±0.81	3.37±0.66		

*p<0.05 **p<0.01 Z:Mann Whitney U Test

X²: Kruskal Wallis Test

Table 5. Relationship between nurses' Intercultural Sensitivity Scale and Minnesota Satisfaction Scale

Variable		Intrinsic satisfaction	Extrinsic satisfaction	General satisfaction
Interaction engagement	r	0.325	0.114	0.253
	p	0.000**	0.073	0.000**
Respect for cultural differences	r	0.393	-0.022	0.068
	p	0.000**	0.729	0.289
Self-confidence	r	0.156	0.040	0.113
	P	0.014*	0.527	0.076
Interaction enjoyment	r	0.186	0.057	0.142
	p	0.003**	0.372	0.025*
Interaction attentiveness	r	0.190	0.010	0.135
	p	0.003**	0.870	0.034*
Intercultural sensitivity total	r	0.261	0.043	0.186
	p	0.247	0.498	0.003**

*p<0.05 **p<0.01

Discussion

Healthcare professionals in societies with increasing cultural diversity need to have an intercultural sensitivity awareness to be able to provide quality healthcare service. Cultural sensitivity, defined as an individual's ability to develop positive feeling toward him/herself in understanding, interpreting, accepting and appreciating cultural differences, is a concept of great importance that can be considered one of the factors affecting job satisfaction of nurses and midwives (Aslan et al., 2016; Kilic & Sevinc, 2017).

Nurses and midwives, who spend more time with healthy/sick individuals compared to other healthcare professionals, were found out to have troubles mostly about language, communication, cultural differences, hygiene and education when they provide service for individuals from different cultures. In their study related to the new perspectives on understanding cultural diversity in the nurse-patient communication, Crawford et al. (2017) emphasized that language barrier may cause serious problems in patient care. A study carried out by Karabuga Yakar and Ecevit Alpar (2018) on the intercultural communication competency of nurses who care for patients from different cultures revealed that these patients have problems about language, communication and cultural differences. In another study conducted by Yaman Aktas, Gok

Ugur and Orak (2016) concentrating on nurses' opinions on intercultural nursing, nurses were found to have troubles mostly in communicating when they provide service to patients from out of Turkey. This result, which is in parallel with the literature, puts forward that nurses and midwives from all around the world have problems in caring for individuals from different cultures.

When the problems of nurses and midwives are examined, it is seen that the most important problem is the communication problem. Language is a common tool shared by the members of a society and culture, enabling them to understand and agree with each other (Bulduk et al., 2017). By understanding intercultural differences, it is necessary to solve the language problem between patients and health professionals in developing intercultural sensitivity and creating solutions to the problems experienced. When the results of the study were evaluated together, it is thought that the nurses and midwives need to gain the necessary knowledge and skills in order to provide health care that could meet the needs of individuals from different cultures and to create solutions to the problems experienced.

Nurses and midwives were found to have a medium-level intercultural sensitivity. In the separate studies conducted by Dikmen, Aksakal and Kara Yilmaz (2016) and Kurtuncu et al. (2018), nurses got a medium intercultural

sensitivity score. Chang, Yang and Kuo (2013) found out in their study on the cultural sensitivity of public health care nurses that nurses' intercultural sensitivity was low. On the other hand, Yilmaz et al. (2017), carried out a study on intercultural sensitivity of clinical nurses and found it to be very high. The fact that nurses' and midwives' intercultural sensitivity scores varied across the studies in the literature suggests that there might be several factors affecting intercultural sensitivity. Age may be one of those factors and the nurses and midwives who are 51 and above scored higher in the respect for cultural differences subscale than the average score of nurses and midwives who are between 21-50 years old. This can be interpreted as the more experienced nurses become both in their life and profession, the more their sensitivity for other cultures improves. In a study on the cultural sensitivity of nursing students, Bulduk, Usta and Dincer (2017), Kilic and Sevinc (2018) found that there was no relationship between age and intercultural difference scores of students.

In the study, it was seen that the total scores of nurses and midwives, who reported to have partial problems during care giving of immigrant patients, were high in respecting the cultural differences and intercultural sensitivity and this difference was statistically significant ($p < 0.05$). It was thought that this, which affects the cultural sensitivity, could be due to the levels of empathy of healthcare professionals. Because in the literature, it is known that different factors such as working conditions of the health workers, the service they work for and their satisfaction with the job may affect the empathy levels of the individuals (Koinis et al., 2015; Lamiani et al., 2020). The findings of the study suggest that the empathy levels of the employees, who had more problems due to cultural differences, could be negatively affected and therefore this situation could be reflected negatively on their intercultural sensitivity.

Examination of whether or not gender, which is one of the variables influencing intercultural sensitivity, has an effect on average intercultural sensitivity scores of nurses and midwives revealed that women's average score from the respect for cultural differences subscale was higher than that of men. In their study on nursing students, Aslan et al. (2016) identified that intercultural sensitivity score average of women was higher when compared to that of men.

Although there are studies in the literature that support this result, some studies argued that gender did not have an effect on individuals' intercultural sensitivity (Dikmen, Aksakal & Kara Yilmaz, 2016; Meydanlioglu, Arikan & Gozum, 2015).

Establishing effective communication is of great importance when providing care for individuals and using a common tongue strengthens communication. In this study, nurses and midwives, who did not have communication problems due to language barrier, were found to have higher intercultural sensitivity scale and respect for other cultures subscale score average than those who did. Individuals who know a foreign language were identified to get higher intercultural sensitivity scores by Chang, Yang and Kuo (2013), in their study on the factors affecting public health nurses' cultural sensitivity, and by Meydanlioglu, Arikan and Gozum (2015), who examined the cultural sensitivity of university students receiving healthcare education. This result parallels with the literature and puts forth the importance of being able to use a common tongue in communicating with individuals from different cultures.

Participant nurses and midwives were identified to have a medium level job satisfaction, which can be affected by individual and organizational factors. There are various studies in the literature that match the results of this study (Al-Hamdan, Manojlovich & Tanim, 2017; Danacı & Koç, 2019; Fallahnejad & Mollahoseiny, 2016; Kurt & Demirbag, 2018; Naveed et al., 2016). The statistical analysis which was performed to put forth whether or not job satisfaction varies across age groups revealed that job satisfaction increased with age and nurses and midwives who are 51 and above had a higher intrinsic and general satisfaction. In their study on nurses' job satisfaction, Kurt and Demirbag (2018) and in their study on the job satisfaction of nurses in Turkey Masum et al. (2016) found similar results. This study has the similar result with other studies in the literature and suggests that low job satisfaction level of younger nurses and midwives may be due to the fact that they have higher expectations with regard to their profession and promotion opportunities that are not satisfied enough. Similarly, the literature suggests that a person's coping skills improve and she/he solves problems more easily as the

number of years worked increases and she/he becomes experienced, which affects their job satisfaction (Chien & Yick, 2016; Mousazadeh et al., 2019).

Nurses working at surgical clinics were found to be more satisfied with their job, which suggests that a relationship between the ward of work and job satisfaction. Al-Hamdan, Manojlovich and Tanima (2017) and Kurt and Demirbag (2018) found in their studies on the job satisfaction of male nurses that male nurses who worked in surgical clinics had higher job satisfaction levels than those working in internal clinics. This result is similar with other results in the literature which can be interpreted as the fact that patients stay in the internal wards for longer periods of time and full recovery does not happen in chronic diseases affects job satisfaction of nurses and midwives negatively.

Examination of the relationship between nurses' and midwives intercultural sensitivity and job satisfaction revealed that their job satisfaction improved as their intercultural sensitivity increased. This suggests that nurses' and midwives' job satisfaction may increase, provided that they have never had a problem when providing healthcare to individuals from different cultures.

Conclusion: At the end of the study, the nurses and midwives were found to have a medium-level intercultural sensitivity and job satisfaction, between which a positive significant relationship was identified. In addition, intercultural sensitivity of nurses and midwives was found to depend on their age, gender and whether they have problems in communicating with the individual they provide care to, and their job satisfaction score varied according to their age and the ward they work in. Being aware of the cultural factors, understanding cultural differences and having cultural sensitivity are required for improving the quality of healthcare services. Job satisfaction is one of the motivators affecting individuals' service quality and increasing creative and innovative approaches. It is thought that the findings obtained from the study can be a guide for health professionals in reducing the problems experienced and increasing the quality of care, and for managers in the necessary arrangements to be made for this purpose.

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