

## Original Article

# Intercultural Sensitivity, Communication and Related Factors in Nursing in Turkey: A Cross-Sectional Study

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### Abstract

**Background:** As Turkey is a multicultural society with a diversity of languages and many different faiths, it is essential to provide culturally appropriate health care.

**Objective:** The aim of this study was to determine the intercultural sensitivity levels and communication skills of nurses and to examine the relationship between these factors.

**Method:** This cross-sectional study was conducted with 396 nurses using data collected online via Google Form. Data were collected using a descriptive information form and cultural sensitivity and communication skills scales.

**Results:** A moderately significant positive correlation was found between cultural resilience and communication skills ( $r=0.371$ ;  $p<0.001$ ).

**Conclusion:** It was concluded that nurses working in intensive care and ward had better communication skills than nurses working in outpatient clinic, receiving training on cultural practices was an effective factor on communication skills, and nurses with high communication skills had higher levels of cultural sensitivity.

**Keywords:** nursing, communication skills, intercultural nursing, cultural sensitivity

### Introduction

Culture is used as a human-related concept that defines everything material or immaterial that societies are unique to themselves and that they pass on to future generations (İ. Polat & Kılıç, 2013). In a rapidly changing and globalising world due to economic conditions, drought, natural disasters, migrations and wars, societies are becoming increasingly multicultural. Turkey has experienced many migrations due to wars, terrorist acts and political crises occurring in neighbouring countries, especially Syria, Iraq and Afghanistan, and in the nearby geography, and many foreigners have taken

refuge (Yaman & Kaya, 2023). At this point, there are approximately 1.3 million residence permit holders, 3.7 million Syrians under temporary protection and 350 thousand foreigners under international protection, resulting in a foreign population of around 5.4 million in Turkey (Uzun, 2023). In this respect, Turkey is a multicultural society with a diversity of languages (Turkish, Kurdish, Arabic, etc.) and many different beliefs (Muslim, Christian, Jewish, etc.) (İ. Polat & Kılıç, 2013). This situation brings to the agenda the necessity of providing adequate care to individuals from different cultures, speaking different languages and having

different beliefs in Turkey and this situation significantly affects nursing interventions. Nurses, who have an important place in the healthcare team, play an important role in coordinating the education and care of patients and ensuring their compliance with treatment to the extent possible (Douglas et al., 2011). In growing multicultural environments and institutions that host people from different social and cultural backgrounds, having the skills, knowledge and experience to cope with cultural differences may be an important issue. Both intercultural sensitivity and competences in communication skills are among the basic elements that can affect the daily personal, social and professional lives of individuals living in multicultural environments. One of the most important parts of daily life in a multicultural environment is communication. Therefore, a good level of intercultural sensitivity and competences in communication can help people from different cultures to interact with each other in a healthy way (Aktas et al., 2021; Sarwari & Abdul Wahab, 2017). It is known that intercultural sensitivity is one of the main factors affecting successful communication (Ameli & Molaei, 2012).

Cultural values, beliefs and attitudes of individuals whose perceptions of health and disease differ according to their cultures affect how these individuals will benefit from nursing care. Similarly, cultural values and beliefs of nurses affect their decisions, attitudes and practices regarding nursing care (Hong et al., 2012; Ozturk & Oztas, 2012). In order for nurses to provide better healthcare services, they need to know how those in need of healthcare perceive the concepts of illness and health, how they react, and correctly understand the cultural variables that determine the behaviours of these individuals (Kurtuncu et al., 2018). Recognising and evaluating the cultural structures of patients increases the quality of nursing care (Foronda, 2008; Maier-Lorentz, 2008). Providing culturally appropriate care is only possible if caregivers are competent in intercultural communication (Kardas & Sahin, 2023). In this context, there is an increasing need for intercultural sensitivity in multicultural and globalising societies (Bulduk et al., 2011). In recent years, the importance of providing

services to recognise the cultural background of individuals in the provision of holistic and effective care by nurses has been understood and initiatives in this direction have increased (Degazon, 1996; Duffy, 2001).

It is considered that the results will guide future studies to evaluate the situation in terms of nurses, to determine the need for training, and to implement appropriate training programmes and projects. These efforts will have direct social benefits such as increasing the quality of nursing care provided to individuals, improving the health services provided, providing holistic, individualised and culturally sensitive nursing care, eliminating inequalities, and increasing the confidence of individuals in the provision of health services. These benefits will ultimately help the advancement of the nursing profession and increase professional satisfaction. Therefore, the aim of this study is to determine the relationship between cultural sensitivity and communication skills among nurses and to evaluate its status among nurses.

## **Method**

**Research Design:** This study was carried out in a cross-sectional design to determine the intercultural sensitivity and communication skills of nurses and the factors affecting them. Cross-sectional studies were deemed appropriate for the purposes of this study, as they allow examining the distribution and relationships of more than one variable in a certain period of time (Karasar, 2016).

**Place and time of the research:** The study was conducted in a university hospital in eastern Turkey between May and September 2023. This hospital is a tertiary healthcare institution with 1000 beds, serving a patient population with different cultural backgrounds.

**Population and sample of the study:** The population of the study consisted of 750 nurses working in the hospital during the data collection period. The sample size was calculated using the sampling formula with known population:

$$n = N * t^2 * p * q / (d^2 * (N-1) + t^2 * p * q)$$

Here; N = 750 (population size), t = 1.96 (for 95% confidence interval), p = 0.5 (frequency of occurrence), q = 0.5 (frequency of non-occurrence), d = 0.05 (accepted sampling error). According to this calculation, the minimum sample size was determined as 254.

A convenience sampling method with voluntary participation was used. An invitation to participate in the online survey was sent to all eligible nurses via WhatsApp groups managed by the hospital.

A total of 396 nurses participated in the study, which is above the calculated minimum sample size and increases the power to represent the universe. The following issues were considered as inclusion criteria: 1. working as a nurse in the relevant hospital, 2. having at least one year of clinical experience, 3. voluntarily agreeing to participate in the study, and 4. completing the data collection forms completely.

**Data Collection Tools:** In this study, Introductory Information Form, Cultural Sensitivity Scale (CSS) and Communication Skills Assessment Scale (CSAS) were used as data collection tools.

**Introductory information form:** This form, which was developed by the researchers, consists of a total of 6 questions including socio-demographic characteristics (age, gender, education level) and professional characteristics (years of employment, unit of employment, training on intercultural care) of the participants.

**Intercultural Sensitivity Scale (ISS):** This scale, developed by Chen and Starosta (2000), was adapted into Turkish by Bulduk et al (2011) and measures the intercultural sensitivity levels of individuals. Consisting of 24 items, the scale is 5-point Likert type. The scale consists of five sub-dimensions: Participation in Intercultural Interaction (7 items), Respect for Cultural Differences (6 items), Self-confidence in Intercultural Interaction (5 items), Enjoyment of Intercultural Interaction (3 items) and Caring for Intercultural Interaction (3 items). In the scale, 9 items are reverse scored. The scale score ranges between 24-120, with a high score indicating high intercultural sensitivity. Cronbach's alpha coefficient of the original scale was reported as 0.86 and 0.88. In this study, Cronbach's alpha coefficient was found to be 0.7670 (Chen & Starosta, 2000; Bulduk ve ark., 2011).

**Communication Skills Scale (CSS):** The CSS was adapted into Turkish by Korkut-Owen and Bugay (2014) (Owen & Bugay, 2014). The scale consists of 25 items measuring communication skills in four sub-dimensions (communication principles and basic skills,

self-expression, effective listening and non-verbal communication, and willingness to communicate). CSS Subdimension 1: Communication principles and basic skills, CSS Subdimension 2: Self-expression, CSS Subdimension 3: Active listening and non-verbal communication, CSS Subdimension 4: Willingness to communicate. Each item is given a 5-point Likert-type response. The score range of the CSS is between 25-125 and the higher the score obtained from the scale, the higher the communication skill is considered. While Cronbach's alpha coefficient was 0.88 in the Turkish adaptation study, Cronbach's alpha internal consistency coefficient was 0.881 in this study.

**Data Collection:** Data were collected online using the Google Forms platform. In order to get faster feedback, the survey link was sent to the WhatsApp groups of the nurses through the hospital management. At the beginning of the survey, it was stated that the purpose of the research, participation was voluntary and the confidentiality of the data would be protected. Informed consent was obtained from the participants. The survey took approximately 10 minutes to complete.

**Evaluation of the Data:** Data analysis was performed using IBM SPSS 25.0 programme. Frequency, percentage, mean, standard deviation, median, minimum and maximum values were calculated for descriptive statistics. The conformity of the data to normal distribution was analysed by Kolmogorov-Smirnov test, Q-Q graphs, and skewness and kurtosis values. Cronbach's alpha coefficients were calculated to evaluate the reliability of the scales. Mann-Whitney U test was used to examine the differences between two independent groups and Kruskal-Wallis test was used to examine the differences between more than two independent groups. Pearson correlation analysis was used to evaluate the relationship between intercultural sensitivity and communication skills. Statistical significance level was accepted as  $p < 0.05$ .

**Ethical Aspects of the Study:** The research protocol was approved by the Non-Interventional Research Ethics Committee of a state university (Approval No: 2023/07/05, Date: 27.04.2023). Permission was obtained from the institution where the research was conducted. The study was conducted in accordance with the principles of the

Declaration of Helsinki. Informed consent was obtained from all participants and confidentiality of the data was ensured.

**Results**

The descriptive characteristics of the 396 nurses who participated in the study are given in Table 1. The mean age of the nurses participating in the study was  $30.71 \pm 6.09$  years (Min.=21, Max.=56), 32.1% were male, 67.9% were female, 75.5% were undergraduate graduates, 51.5% were working in the ward, 71% had been working less than 10 years, and 72% had not participated in a training on cultural practices in nursing (Table 1). When Table 2 was analysed, it was determined that there was a significant difference between the variables of the unit in which the nurses worked and the status of participation in a training related to cultural practices and the median of the total score of the CSS. It was determined that nurses working in the intensive care unit and

ward had a significantly higher median CSS total score than nurses working in the outpatient clinic ( $p < 0.001$ ). It was determined that the communication skills scale score median of the nurses who participated in a training on cultural practices was significantly higher than those who did not participate ( $p = 0.010$ ). There was no significant difference between the variables of age, gender, education level, unit of employment, years of employment and participation in the training programme and ISS. No significant difference was found between the age, gender, education level and working year variables of the nurses and the median of the total score of the ISS ( $p > 0.05$ ). When Table 3 was analysed, it was found that the mean total score of the nurses was  $76.5 \pm 10.09$  and the mean total score of the CSS was  $97.67 \pm 12.53$ . There was a positive and moderately significant correlation between cultural sensitivity scale and communication skills scale ( $r = 0.371$ ;  $p < 0.001$ ) (Table 3).

**Table 1. Distribution of Descriptive Characteristics of Nurses (n=396)**

Variables	n	%
<b>Age*</b>		
21-30	231	58.3
31-56	165	41.7
<b>Gender</b>		
Male	127	32.1
Famale	269	67.9
<b>Education level</b>		
High School	37	9.3
Associate Degree	27	6.8
Licence	299	75.5
Graduate Degree	33	8.3
<b>Unit Worked in</b>		
Intensive care	178	44.9
Service	204	51.5
Polyclinic	14	3.5
<b>Working year</b>		
1-10 years	281	71.0
Over 10 years	115	29.0

**Participation in the training programme\*\***

Yes	111	28.0
No	285	72.0

\* Mean age: 30.71 ± 6.09, \*\* Education on cultural practices in nursing

**Table 2. The Relationship of Sociodemographic Characteristics of Nurses with ISS and CSS**

Variables	ISS	Statistics	CSS	Statistics
	M(Min-Max)		M(Min-Max)	
<b>Age</b>				
21-30	74 (55 - 120)	U=18041.500	98 (25 - 137)	U=18034.500
31-56	75 (54 - 116)	p=0.365	100 (57 - 125)	p=0.362
<b>Gender</b>				
Male	74 (54 - 113)	U=15831.000	98 (25 - 119)	U=16051.500
Famale	75 (55 - 120)	p=0.239	99 (57 - 137)	p=0.332
<b>Education level</b>				
High School	77 (60 - 104)		95 (25 - 137)	
Associate Degree	78 (63 - 120)		96 (59 - 125)	
Licence	74 (54 - 116)	KW=6.987	99 (59 - 128)	KW=4.321
Graduate Degree	74 (67 - 111)	p=0.072	101 (82 - 121)	p=0.229
<b>Unit Worked in</b>				
Intensive care	74,5 (58 - 120)		99.5 (25 - 137) <sup>a</sup>	
Service	75 (54 - 116)	KW=5.393	99 (57 - 128) <sup>a</sup>	KW=15.204
Polyclinic	69 (63 - 80)	p=0.067	85 (61 - 114) <sup>b</sup>	<b>P&lt;0.001</b>
<b>Working year</b>				
1-10 years	75 (54 - 120)	U=15104.500	98 (25 - 137)	U=15201.500
Over 10 years	75 (58 - 114)	p=0.308	100 (57 - 125)	p=0.355
<b>Participation in the training programme**</b>				
Yes	76 (59 - 120)	U=14022.500	101 (25 - 125)	U=13186.500
No	74 (54 - 111)	p=0.079	98 (57 - 137)	<b>p=0.010</b>

ISS: Intercultural Sensitivity Scale, CSS: Communication Skills Scale, M: Median, Min: Minimum, Mak: Maximum, KW: Kruskal Wallis test, U: Mann Whitney U test, a-b: There is no difference between groups with the same letter for each column. \*\* Education on cultural practices in nursing

**Table 3. Cultural Sensitivity and Communication Skills Scale Score Correlations of Nurses**

	$\bar{x} \pm SD$	M (Min- Max)	1	2	3	4	5	6	7	8	9	10	11
1. CSS Total	97.67 ± 12.53	99 (25 - 137)	1										
2. ISS Total	76.5 ± 10.09	75 (54 - 120)	.371**	1									
3. ISS Subdimension 1	23.53 ± 3.21	23 (13 - 35)	.423**	.675**	1								
4. ISS Subdimension 2	18.27 ± 3.59	18 (12 - 30)	0.046	.564**	.144**	1							
5. ISS Subdimension 3	16.52 ± 2.63	16 (6 - 25)	.347**	.629**	.484**	.126*	1						
6. ISS Subdimension 4	6.9 ± 3.31	6 (3 - 15)	-.260**	.250**	-.127*	.454**	-.189**	1					
7. ISS Subdimension 5	11.28 ± 2.41	12 (5 - 15)	.525**	.619**	.452**	0.097	.489**	-.203**	1				
8. CSS Subdimension 1	39.62 ± 5.64	40 (10 - 79)	.873**	.348**	.422**	0.024	.259**	-.246**	.530**	1			
9. CSS Subdimension 2	16.14 ± 2.52	16 (4 - 20)	.739**	.297**	.273**	0.087	.340**	-.129**	.355**	.502**	1		

10. CSS			.864**	.296**	.347**	0.004	.302**	-.237**	.456**	.695**	.591**	1	
Subdimension	23.46 ±	24 (6 - 52)											
	3.74												
3													
11. CSS			.754**	.271**	.285**	0.041	.329**	-.240**	.354**	.502**	.567**	.571**	1
Subdimension	18.45 ±	19 (5 - 25)											
	3.07												
4													

ISS: Intercultural Sensitivity Scale, CSS: Communication Skills Scal.,  $\bar{x}$ : Mean. SD: Standard deviation. M: Median. Min.: Minimum. Mak.: Maximum. \*:  $p < 0.005$ . \*\*:  $p < 0.001$

## Discussion

In the study in which cultural sensitivity, communication skills and related factors of nurses were examined, it was found that nurses working in intensive care and ward had better communication skills than nurses working in outpatient clinic, receiving training on cultural practices increased the level of communication skills, and cultural sensitivity had a positive effect on communication skills.

In this study, it was found that nurses working in intensive care and ward had better communication skills than nurses working in outpatient clinic. In studies examining the communication skills of nurses, which generally consisted of ward and intensive care nurses, it was found that the communication skills of nurses were high (Allenbaugh et al., 2019; Durmus et al., 2023). Similarly, in other studies, it was determined that there is a positive relationship between the communication skills of nurses and the care behaviours applied in the wards (Kirca & Bademli, 2019; Orcajada Munoz et al., 2020). Nurses working in intensive care and wards are responsible for meeting the care needs of patients. This process, which requires nurses to interact frequently and directly with patients, strengthens their communication skills (Kirca & Bademli, 2019). Nurses working in intensive care and wards have more advanced communication skills compared to outpatient nurses. This is due to the fact that they fulfil their care roles more effectively.

In the study, it was found that participating in a training programme on cultural sensitivity increased the level of communication skills.

Similarly, in previous studies, it has been observed that training on cultural sensitivity positively affects interpersonal communication skills and improves the quality of care by facilitating communication with patients of different cultures

(Berhanu et al., 2024; Besey & Sibel, 2021). In a study investigating the cultural sensitivity of nurses working in rural and urban hospitals in Turkey, it was found that cultural sensitivity training had a positive effect on nurses in respect for cultural differences and communication

(Yilmaz et al., 2017). In different studies, it is stated that in-service training programmes for cultural sensitivity contribute to the development of communication skills (Aygun, 2022; Ş. Polat & Terzi, 2020). Similar to our research finding, the literature reveals that training on cultural sensitivity increases communication skills. In addition, it is observed that the training provided has a significant effect on improving the quality of care provided in health services. This situation reveals the necessity of integrating cultural sensitivity training programmes more comprehensively in healthcare institutions.

In the study, it was found that there was a significant relationship between cultural sensitivity and communication skills and that nurses with high communication skills had higher cultural sensitivity. A high level of intercultural sensitivity allows individuals with various cultural backgrounds to have an effective and healthy interaction (Aktas et al., 2021; Sarwari & Abdul Wahab, 2017). In a study conducted by Berhanu et al. (2024), it was found that effective interpersonal and intercultural communication skills of nurses

positively affected their cultural sensitivity (Berhanu et al., 2024). Similarly, in a similar study, it was stated that intercultural communication skills positively affect nurses' cultural sensitivity (Besey & Sibel, 2021). In different studies, it is stated that improving communication skills and attitudes increases the level of cultural sensitivity (Ameli & Molaei, 2012; Aygun, 2022; Ş. Polat & Terzi, 2020; Yilmaz et al., 2017). These results show that communication skills are among the factors affecting the intercultural sensitivity levels of nurses and there is a strong relationship between them.

**Limitations:** This study was conducted in a single university hospital located in eastern Turkey. This may limit the generalisability of the findings. Larger-scale studies comparing cultural sensitivity and communication skills among nurses in different geographical regions and health service delivery models (public hospitals, private hospitals, etc.) will make important contributions to the body of knowledge in this field. Data were collected using self-report scales based on nurses' assessment of their own cultural sensitivity and communication skills. Self-report bias may affect the results as participants may tend to rate themselves more favourably or unfavourably than they actually are. In future studies, more comprehensive and objective data can be obtained by using different data collection methods such as observation, interview or simulation in addition to self-report scales. In addition, the majority of the nurses in this study were undergraduate graduates and had less than 10 years of experience. This may limit the generalisation of the results to nurses with different levels of education and experience.

**Conclusion and Suggestions:** This study revealed that nurses working in intensive care units and inpatient wards demonstrated significantly higher communication skills compared to those working in outpatient clinics. Furthermore, nurses who had received cultural training exhibited higher levels of cultural sensitivity. These findings underscore the importance of integrating structured cultural training programs within nursing education and continuing professional development, particularly targeting outpatient clinic settings where communication scores were lower. Based on the positive association

identified between cultural training and both communication skills and cultural sensitivity, it is recommended that healthcare institutions prioritise and expand such training programs. These results contribute to the literature by providing empirical evidence on the effectiveness of cultural training in improving key competencies among nurses.

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