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The Difficulties Experienced by Nurses Working in A Tertiary Hospital in Turkey while Providing Health Care to Immigrant and Refugee Patients and Intercultural Sensitivity

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Abstract

Objective: This research was carried out to evaluate the difficulties experienced by nurses during the delivery of health care to immigrant and refugee patients and their intercultural sensitivity.

Methods: The descriptive-cross-sectional study was conducted with 132 nurses. In the study, "socio-demographic questions, questions about the difficulties experienced while caring for immigrant/refugee patients" and "Intercultural Sensitivity Scale (ISS)" were applied. Mean ± standard deviation, frequency, and percentage values, Kruskal Wallis, Mann Whitney-U test, and Spearman correlation analysis were used in the data analysis. The statistical significance level was accepted as $p<0.05$.

Results: It was found that 65.2% of the nurses had no desire to care for migrant or refugee patients, 87.9% had difficulties while giving care, and 96.2% were found to be hindered by language differences while caring for patients. The mean total score of the ISS scale was determined as 61.58±9.96. When the ISS scale was evaluated in terms of the total score, the mean scores of those aged >30 years ($p=0.021$), those with undergraduate and graduate degrees ($p=0.036$), and those living in the city center were high ($p=0.044$). While the scale's total score was higher in those who benefited from the media and previous experiences as a source of cultural information ($p=0.015$, $p=0.002$, respectively), it was lower in those who had difficulties caring for immigrants and refugee patients ($p=0.035$).

Conclusion: In our result, it is seen that the level of intercultural sensitivity in nurses is moderate, and age, education level, and place of residence for immigrant or refugee patients affect intercultural sensitivity. It is seen that nurses with low intercultural sensitivity have difficulties in giving care to immigrant and refugee patients.

Keywords: Health care, health services, immigrant, nurse, refugee, Turkey.

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INTRODUCTION

Turkey has been an important migration route throughout history. It has faced massive migrations in different periods due to the great problems experienced in the surrounding countries due to its geopolitical location (1). In recent years, the number of people who immigrated or had to migrate to our country due to civil war, famine, and living conditions has gradually increased. According to the United Nations report, there has been a significant increase in asylum seekers and refugees, especially after 2010. It has been reported that 90% of these citizens are Syrian nationals, followed by Afghanistan and Iraqi nationals. As of 2020, according to official figures, the number of immigrants, refugees, and asylum seekers living in Turkey is around 6.1 million, constituting approximately 7% of Turkey's population (2, 3). This high rate of immigrants and refugees brings economic, social, and cultural problems, as well as housing and health problems. Among these problems, it is important to consider ethnic differences and language problem, which is one of the most common situations in preventing health problems and providing health care. Because culture affects healthcare behaviors, intercultural sensitivity is important for the effectiveness of healthcare services (4).

Intercultural sensitivity is sensitivity to cultural differences and the perspectives of people from different cultures (4). Intercultural sensitivity is also a part of the concept of cultural competence and has been expressed as a process that begins with the formation of cultural awareness (5). Intercultural sensitivity should be high to effectively solve the problems encountered while caring for individuals from different cultures (6). In order to provide effective medical services to foreign patients in health care delivery, foreign patient clinics are opened in hospital institutions around the world, and medical tour coordinators and professional translators are employed to eliminate language differences (7). However, despite the importance of intercultural sensitivity in understanding and accepting intercultural differences, as far as is known, this issue still needs to be sufficiently addressed in the health system. It is known that the level of intercultural sensitivity plays an important role in understanding and accepting intercultural differences in the care practices of nurses, who have an important place in the health system (3).

Therefore, our study aimed to evaluate the difficulties and intercultural sensitivity of nurses while providing healthcare to immigrant and refugee patients.

METHODS

The research type is descriptive-cross-sectional. The research was carried out by applying a questionnaire to nurses working in Samsun University Training and Research Hospital between 1-30 August 2022. Samsun

University Training and Research Hospital is a large tertiary referral hospital with 1140 beds and is located approximately 5 km from the city centre. Samsun is the largest city of northern Turkey located on the coast of the Black Sea with a population of 1,312,990. There are a total of 11 hospitals with emergency services accessible 24/7 in Samsun city center, five of which are state hospitals and six of which are private hospitals (8). Since Samsun Training and Research Hospital is in the center of the city and is a public hospital, it serves the majority of its patients.

For the study, first of all, it was questioned whether all nurses working in the hospital care for immigrant and refugee patients. Its population consisted of 176 nurses caring for immigrant and refugee patients. The sample was not selected, and it was tried to reach all of these nurses. The questionnaire was distributed to 153 nurses who voluntarily agreed to participate in the study and collected the next day after the necessary explanations were made. Twenty-one questionnaires were excluded due to missing data. The study was completed with 132 (75.0%) nurses.

Measures

As a data collection tool, in the first part of the questionnaire, there were socio-demographic (e.g., age, gender, marital status, working year, place of residence) and the difficulties experienced while caring for immigrant/refugee patients, a total of 20 questions created in line with the literature. The second part, the "Intercultural Sensitivity Scale (ISS)," was applied. The Turkish validity and reliability study of this scale, developed by Chen and Starosta (9), was conducted by Bulduk et al. (10), and Cronbach's alpha coefficient was found to be 0.72.

"Intercultural Sensitivity Scale (ISS)" (9); It consists of 24 items and includes five sub-dimensions. The individual's agreement with the statements in the scale is evaluated with a 5-point Likert scale. In the sub-dimensions of the scale, interaction engagement (7 items), respect for cultural differences (6 items), interaction confidence (5 items), interaction enjoyment (3 items), and interaction attentiveness (3 items). Nine items (2, 4, 7, 9, 12, 15, 18, 20, and 22) are scored inversely on the scale. The lowest score obtained from the scale is 24, and the highest score is 120. The total score obtained from the scale indicates the level of intercultural sensitivity; as the score obtained from the scale increases, cultural sensitivity increases, and the scale does not have a certain cut-off point.

Statistical Analyses

SPSS 22.0 package program was used for statistical analysis. Results were expressed using mean ± standard deviation (min-max) and number (%) according to data. Mann Whitney U test and Spearman correlation analysis were used in the data analysis because the data did not fit the normal distribution. The Kruskal–

Wallis variance analysis assessed comparison between 3 nonnormally distributed groups; if necessary, Bonferroni corrected Mann–Whitney U test was used for post-hoc comparisons. The statistical significance level of $p<0.05$ was accepted ($p<0.016$ for Bonferroni correction).

Ethical approval

Samsun University Clinical Research Ethical Committee ethical approval (SÜKAEK-2022/5/13) and Samsun Education and Research Chief Physician permission were obtained for the research. The nurses participating in the study signed the "Informed consent form."

RESULTS

The mean age of the 132 people participating in the study was 32.22±7.78 years. Of the participants, 87% (n=115) were female, and 82.6% were married. It was determined that 90.9% of the nurses had not been abroad before (Table 1).

Table 1. The sociodemographic characteristics of the study group

Variables	Category	Mean±SD (min-maks)	
Age(years)		32.22±7.78 (23.0-63.0)	
Number of children		1.68±0.67 (1.0-5.0)	
Number of Working Years		9.05±7.58 (1.0-40.0)	
		n=132	**%**
Gender			
	Male	17	12.9
	Female	115	87.1
Education status			
	High school	14	10.6
	Associate Degree	30	22.7
	Undergraduate and postgraduate	88	66.7
Marital status			
	Married	109	82.6
	Single/Widowed/Divorced	23	17.4
Child presence status			
	Yes	106	80.3
	No	26	19.7
Living place			
	Provincial center	111	84.1
	Town/village	21	15.9
Status of being abroad			
	Yes	12	9.1
	No	120	90.9

Mean±SD (min-max); Mean±Standard Deviation (minimum-maximum), n; Number, %; Percent

Of the nurses, 65.2% (n=86) had no desire to care for immigrant or refugee patients, 47.7% (n=63) did not feel competent while giving care, and 96.2% had language differences while caring for patients. It was found that very few (10.6%) benefited from in-house training as a source of cultural information about the patients, and 67.4% benefited from their previous experiences (Table 2). In addition, when the other difficulties they experienced were examined, 62.1% faced negative attitudes from the patients or their relatives, and 25.8% experienced the rejection of physical contact while giving care to patients (Table 2)

Table 2. Distribution of variables regarding the difficulties experienced by nurses while giving care to immigrant/refugee patients

Variables	n=132	%
Intercultural nursing education status		
Yes	24	18.2
No	108	81.8
Information status about the presence of an interpreter for communication with immigrant or refugee patients in the institution		
Yes	97	73.5
No	35	26.5
Willingness to care for immigrant or refugee patients		
Yes	46	34.8
No	86	65.2
The state of feeling competent in caring for immigrant or refugee patients		
Yes	69	52.3
No	63	47.7
Difficulty in caring for immigrant or refugee patients		
Yes	116	87.9
No	16	12.1
The barrier of language difference when caring for immigrant or refugee patients		
Yes	127	96.2
No	5	3.8
Communication method selection when caring for immigrant or refugee patients		
I get help from a translator	74	56.1
I use body language	31	23.5
I expect him to explain as much as he knows Turkish.	27	20.5
Cultural information resource on immigrant or refugee patients		
Consulting with friends		
Yes	51	38.6
No	81	61.4
Obtaining information from the media		
Yes	77	58.3
No	55	41.7
Benefiting from in-house training		
Yes	14	10.6
No	118	89.4
Leveraging previous experience		
Yes	89	67.4
No	43	32.6
A helpful situation regarding the difficulties experienced while caring for immigrant or refugee patients		
Providing in-service training	41	31.1
Sufficient number of translators	40	30.3
Establishment of separate units for immigrant or refugee patients	51	38.6
Refusal of physical contact when caring for immigrant or refugee patients		
Yes	34	25.8
No	98	74.2
The situation of encountering negative attitudes of patients or their relatives while caring for immigrant or refugee patients.		
Yes	82	62.1
No	50	37.9

n; Number, %; Percent

The total score of the ISS scale was 61.58±9.96 (32.0-80.0). In the sub-dimensions of ISS, interaction engagement was 17.93±3.77 (9.0-28.0), respect for cultural differences 14.83±3.25 (6.0-25.0), interaction confidence was 13.62±2.84 (5.0-20.0), interaction enjoyment 7.23±2.56 (3.0-14.0), interaction attentiveness 7.95±2.13 (3.0-15.0).

When the variables according to the intercultural sensitivity scale and scale sub-

dimensions are examined (Table 3), the total ISS score of nurses with age >30 years (p=0.021) and nurses with undergraduate and graduate degrees in total ISS score and self-confidence in communication sub-dimension scores were found to be significantly higher (respectively; p=0.036, p=0.008). While nurses living in the city center had higher scores on the total score of ISS and its sub-dimensions, there was a significant difference only concerning cultural differences sub-dimension (p=0.044). It was found that nurses with a working year of more than ten years had higher scores in the total score of ISS and its sub-dimensions, but there was no significant difference in pairwise comparisons (p>0.05) (Table 3).

Table 3. Socio-demographic variables and intercultural sensitivity scale total score and scale sub-dimensions

Variables	Interaction engagement	Respect for cultural differences	Interaction confidence	Interaction enjoyment	Interaction attentiveness	ISS Total score
Age						
<30 years	17.05±4.82	16.18±3.44	13.47±4.82	6.88±3.56	7.81±2.50	61.39±11.59
>30 years	17.65±3.78	14.22±2.43	16.52±3.23	7.95±2.75	8.58±2.44	64.92±8.01
p+	0.522	0.028	0.048	0.238	0.134	0.021
Gender						
Male	17.65±5.02	14.88±4.37	13.23±3.23	6.82±2.30	7.29±2.39	59.88±14.76
Female	17.98±3.59	14.82±3.32	13.68±2.80	7.31±2.60	8.05±2.09	61.83±9.11
p+	0.734	0.947	0.552	0.480	0.172	0.453
Education status						
High school	17.14±3.20	14.36±3.39	12.50±1.95	6.71±2.67	8.57±2.9	59.28±7.62
Associate Degree	18.87±3.59	15.17±3.87	12.56±2.58	7.40±2.99	7.30±1.95	59.30±10.16
Undergraduate and postgraduate	18.43±3.86	14.36±3.39	14.15±2.92	7.26±2.4	8.08±2.02	62.73±10.11
p	0.103*	0.734*	0.008* 1-2**=0.997 1-3**=0.057 2-3**=0.006	0.704*	0.116*	0.036* 1-2**=0.644 1-3**=0.016 2-3**=0.022
Marital status						
Married	18.12±3.85	14.45±3.06	13.92±2.66	7.33±2.57	8.08±2.17	61.93±9.66
Single/Widowed/Divorced	17.04±3.30	16.60±3.60	12.17±3.28	6.73±2.50	7.34±1.82	59.91±11.34
p+	0.212	0.004	0.007	0.309	0.134	0.378
Child presence status						
Yes	17.99±3.79	14.52±3.18	13.82±2.66	7.32±2.60	8.07±2.17	61.73±9.54
No	17.73±3.81	16.02±3.29	12.81±3.46	6.88±2.44	7.50±1.96	61.00±11.72
p+	0.755	0.029	0.104	0.439	0.227	0.740
Living place						
Provincial center	17.95±3.77	15.08±3.23	13.64±2.80	7.28±2.60	8.01±2.14	61.96±9.81
Town/village	17.85±3.88	12.52±3.09	13.47±3.12	6.95±2.35	7.61±2.10	58.42±10.69
p+	0.914	0.044	0.800	0.584	0.434	0.021
Number of Working Years						
<2 years	16.70±3.88	14.15±3.74	12.35±2.73	8.35±3.85	7.15±2.7	60.20±9.40
2-10 years	17.61±3.55	14.76±3.26	13.58±2.78	6.66±2.05	7.63±2.01	60.26±10.13
≥10 years	19.00±3.89	15.25±3.02	14.25±2.85	7.61±2.36	8.13±1.97	64.25±9.59
p	0.046* 1-2**=0.597 1-3**=0.060 2-3**=0.137	0.445*	0.045* 1-2**=0.195 1-3**=0.035 2-3**=0.443	0.016* 1-2**=0.024 1-3**=0.521 2-3**=0.124	0.135*	0.093*
Status of being abroad						
Yes	17.91±2.77	13.83±3.53	12.50±3.06	6.00±2.13	6.83±1.52	57.08±9.68
No	17.94±3.87	14.93±3.22	13.73±2.81	7.35±2.57	8.06±2.15	62.03±9.91
p+	0.983	0.266	0.153	0.08	0.056	0.101

+; Mann Whitney U test, *; Kruskal Wallis test, **; Mann Whitney U test with Bonferroni correction, ISS; Intercultural Sensitivity Scale

Those who received cross-cultural nursing education had a higher total score on ISS (p=0.081), and the interaction confidence score was significantly higher (p=0.048). Nurses who wanted to care for immigrant or refugee patients had higher ISS total scores (p=0.042), interaction engagement scores (p=0.032), and interaction confidence scores (p=0.042). The total score of ISS was significantly lower in patients who had difficulty (56.68±11.11) while giving care to immigrant or refugee patients compared to those who did not (62.25±9.64) (p=0.035). When questioning the use of cultural information resources regarding immigrant or refugee patients, Those who benefited from the media and previous experiences had higher ISS total scores (p=0.015, p=0.002, respectively). It was determined that those who did not feel that they were adequate while giving care, who thought that language difference constituted an obstacle to care, who did not experience physical contact rejection while giving care, and who did not encounter negative attitudes from the patient or their relatives while giving care, were found to have higher ISS total scores and sub-dimensions (Table 4).

It was found that there was a positive and low-level significant relationship between the nurses' working years and the total score of ISS, the sub-dimensions of interaction engagement and interaction attentiveness (r=0.195; p=0.045, r=0.288; p=0.003, r=0.239; p=0.014, respectively).

DISCUSSION

In the last decade, increasing migration and human movement due to wars and economic and political reasons in the world have created more diverse and multicultural patient populations. In the context of health services, interactions between people from different cultures have become more common, and intercultural communication has become important. Holistic care is important in health services, and individuals' cultural values, beliefs, and practices should be evaluated together. While it is stated that culture is an important factor during the professional practices of nurses in health service delivery, it is necessary to understand the problems that nurses experience with immigrant and refugee patients to provide better quality health care in nursing care (11). Therefore, our study evaluated nurses' difficulties and intercultural sensitivity with immigrant and refugee patients.

As a result of our study, we determined that approximately 50% of the nurses have difficulties giving care to immigrant and refugee patients. When we examined these difficulties, we found that the language difference was an obstacle during health care, the patients or their relatives faced negative attitudes, and a substantial level of nurses (24%) encountered physical contact rejection while providing care to the patients.

Table 4. Difficulties experienced by nurses and intercultural sensitivity scale total score and scale sub-dimensions

Variables	Interaction engagement	Respect for cultural differences	Interaction confidence	Interaction enjoyment	Interaction attentiveness	ISS Total score
Intercultural nursing education status						
Yes	18.15±3.77	14.99±3.24	13.85±2.81	7.17±2.48	8.12±2.18	62.29±9.82
No	16.95±3.73	14.12±3.27	12.58±2.84	7.50±2.93	7.20±1.74	58.37±10.13
p+	0.161	0.240	0.048	0.577	0.058	0.081
Information status about the presence of an interpreter for communication with immigrant or refugee patients in the institution						
Yes	18.52±3.47	15.29±3.14	14.09±2.53	7.25±2.19	8.29±2.14	63.47±8.55
No	16.31±4.15	13.54±3.23	12.30±3.27	7.17±3.41	7.00±1.81	56.34±11.71
p+	0.003	0.006	0.001	0.865	0.002	<0.001
Willingness to care for immigrant or refugee patients						
Yes	18.45±3.96	15.10±3.12	13.98±2.78	7.09±2.39	8.12±2.31	62.76±10.10
No	16.97±3.24	14.32±3.45	12.93±2.86	7.5±2.84	7.63±1.71	59.36±9.38
p+	0.032	0.192	0.042	0.387	0.203	0.042
The state of feeling competent in caring for immigrant or refugee patients						
Yes	17.81±4.35	14.59±3.47	13.10±3.27	7.23±2.73	8.00±1.98	60.73±11.25
No	18.07±3.06	15.09±3.00	14.19±2.18	7.24±2.37	7.90±2.29	62.50±8.30
p+	0.686	0.379	0.028	0.989	0.799	0.310
Difficulty in caring for immigrant or refugee patients						
Yes	16.68±3.84	13.43±3.44	13.50±2.22	6.18±1.83	6.87±1.14	56.68±11.11
No	18.11±3.75	15.02±3.19	13.63±2.93	7.37±2.61	8.10±2.19	62.25±9.64
p+	0.158	0.067	0.857	0.081	0.030	0.035
The barrier of language difference when caring for immigrant or refugee patients						
Yes	17.96±3.78	14.85±3.24	13.57±2.87	7.30±2.58	7.98±2.16	61.68±9.95
No	17.40±4.03	14.20±3.89	14.80±1.78	5.40±0.54	7.20±1.09	59.00±10.97
p+	0.746	0.659	0.347	0.103	0.422	0.556
Communication method selection when caring for immigrant or refugee patients						
I get help from a translator.	18.75±3.37	15.29±3.05	14.00±2.78	7.20±1.90	8.27±1.92	63.52±8.39
I use body language.	17.35±3.51	15.12±2.74	12.83±2.74	7.48±3.41	8.22±2.21	61.03±8.63
I expect him to explain as much as he knows Turkish.	16.37±4.57	13.22±3.89	13.48±3.03	7.03±3.04	6.77±2.24	56.88±13.48
p	0.011*	0.014*	0.157*	0.795*	0.005*	0.011*
	1-2**=0.180	1-2**=0.967			1-2**=0.999	1-2**=0.453
	1-3**=0.013	1-3**=0.012			1-3**=0.005	1-3**=0.008
	2-3**=0.658	2-3**=0.062			2-3**=0.021	2-3**=0.238
Cultural information resource on immigrant or refugee patients						
Consulting with friends						
Yes	18.00±3.76	14.29±3.7	13.92±2.90	7.25±2.77	8.23±2.10	61.70±10.82
No	17.90±3.8	15.17±2.91	13.43±2.81	7.22±2.43	7.77±2.14	61.50±9.44
p+	0.884	0.132	0.338	0.943	0.231	0.911
Obtaining information from the media						
Yes	18.42±3.17	15.35±3.10	14.12±2.46	7.19±2.18	8.25±2.10	63.36±9.02
No	17.25±4.43	14.10±3.34	12.90±3.19	7.29±3.02	7.52±2.11	59.09±10.72
p+	0.078	0.030	0.015	0.833	0.051	0.015
Benefiting from in-house training						
Yes	18.92±2.23	15.50±3.08	14.64±2.46	7.35±1.94	8.57±2.70	65.00±7.66
No	17.82±3.91	14.75±3.27	13.50±2.87	7.22±2.63	7.88±2.05	61.17±10.14
p+	0.302	0.420	0.157	0.851	0.254	0.176
Leveraging previous experience						
Yes	18.32±3.42	15.86±2.81	14.72±2.62	8.02±2.43	8.41±2.19	65.34±7.15
No	17.75±3.94	14.33±3.35	13.08±2.81	6.85±2.54	7.73±2.07	59.76±10.62
p+	0.417	0.011	0.002	0.013	0.082	0.002
Refusal of physical contact when caring for immigrant or refugee patients						
Yes	16.85±4.23	14.26±4.35	13.20±2.56	7.50±3.33	7.82±2.74	59.64±12.62
No	18.31±3.55	15.03±2.77	13.76±2.93	7.64±2.24	8.00±1.88	62.25±8.82
p+	0.051	0.239	0.326	0.486	0.679	0.189
The situation of encountering negative attitudes of patients or their relatives while caring for immigrant or refugee patients						
Yes	18.15±3.97	14.65±3.46	13.25±2.95	6.86±2.66	7.86±2.11	60.80±10.61
No	17.58±3.45	15.12±2.97	14.22±2.58	7.84±2.27	8.10±2.16	62.86±8.72
p+	0.396	0.432	0.059	0.034	0.543	0.252

+; Mann Whitney U test, *; Kruskal Wallis test, **; Mann Whitney U test with Bonferroni correction, ISS; Intercultural Sensitivity Scale

For the communication between patients and healthcare professionals to be healthy, it is necessary for the patient to express his/her problems clearly and for the healthcare worker to understand the patient correctly. The literature shows that the language barrier is one of the main problems in meeting the health needs of health service providers, immigrants, or refugees (12-16). A study conducted with midwifery students determined that 90% of the students encountered communication problems while caring for refugee or asylum-seeking patients; they mostly used body language for communication and communicated through

someone who could translate or a translator in charge of the institution (13). Akkoc et al. (14), on the other hand, found in a study conducted with healthcare professionals that 61% of the people had problems in communication, that they received help from an interpreter most frequently, and that they used dictionaries and body language in the communication methods they used less frequently. These results are similar to the results we found in our study, and it is seen that the majority of the nurses in our study group still mostly benefit from interpreters to provide understandable and accurate service when they encounter language barriers. However, in a qualitative study on the provision of health services, it is mentioned that translators must do more complete translations. The problems are related to the decrease in the quality of service and the inability to establish proper communication (17). Therefore, increasing the number of interpreters in our health centers with the increasing immigrant and refugee population and the fact that interpreters are composed of people with basic health knowledge may be beneficial in increasing the quality of health services.

While evaluating the scores from the ISS, there is no cut-off point; as the score increases, the level of intercultural sensitivity increases. When the studies in the literature are examined, the mean score of ISS varies among nurses. Ozdemir et al. (18) 's total mean score of ISS was 91.53 points; in the study of Yılmaz et al. (19), 84.01 points. In the study by Uzun and Sevinc (20) with 120 nurses, the average score was 84.32. The study of Cakmak et al. (12) is stated as 77.24 points. In our study, it is seen that the total mean score of nurses' ISS was at a moderate level [61.58], and the level of intercultural sensitivity was slightly lower than the studies in the literature. This suggests that the nurses included in our study may have less knowledge, skills, and interaction regarding intercultural nursing care. Therefore, as an outcome of our study, it may be necessary to organize in-service training to increase intercultural sensitivity in nurses working with different cultures in our hospital.

The level of intercultural sensitivity varies according to some factors (3, 12, 18, 21, 22). In our study, we found that nurses aged >30 who graduated with undergraduate and postgraduate degrees and lived in the city center had higher total mean scores of ISS. There was a statistically significant difference between mean scores. In other studies with nurses (3, 12, 20), although the total score increased with age, it was found that, unlike our study, there was no significant difference. Professional experience increases with the increase in the age of nurses, and the higher total scores of ISS may be related to this. Similar to our result, it is known in the literature that as the education level of nursing students increases, cultural sensitivity also increases (3, 23). In our country, culture is given a limited place in the curricula of nursing

and medical faculties. The literature emphasizes that the number of courses should be more for the education on culture to be effective on cultural sensitivity (24). In addition, our study determined that the interaction confidence scores in communication were significantly higher in undergraduate and graduate graduates and in people who received intercultural education. Intercultural education courses that nurses encountered during their undergraduate and higher education contributed positively to their self-confidence while communicating with different cultures.

According to our study's results, as the nurses' working years increase, the total score of ISS and the scores obtained from the subscales increase. However, there was no statistically significant difference between the intercultural sensitivity scale scores. Unlike our study, Lin et al. (25) and Chang et al. (26) stated that the working year of nurses and the unit they work in affect their cultural sensitivities. We think that with the increase in nurses' clinical experience, the people and culture they encounter also increase. Accordingly, it will positively contribute to the increase of intercultural sensitivity.

In the literature, he stated that gaining information about the cultural structure of the patients is the most important way to experience this process one-to-one while giving care to patients from different cultures throughout the health and disease process (27). Consistent with this result in our study, we found that most nurses benefited from previous experiences as a source of cultural information about these patients. In addition, in using cultural information resources related to immigrant or refugee patients, The nurses who benefited from the media and previous experiences had significantly higher ISS total scores, respect for cultural differences, and interaction confidence dimensions. Individuals with high interaction confidence develop a more positive perspective on people outside their cultures, and these qualities increase intercultural communication and sensitivity. It is known that people with high intercultural sensitivity recognize cultural differences and respect these differences with tolerance (27). While providing health care services to people with cultural differences, it may be beneficial to increase intercultural sensitivity and health service quality, especially if it consists of experienced nurses who have given care to these people before or nurses who know the cultures of the people they will care for (through intercultural nursing education, media or friends).

CONCLUSION

This study shows that most nurses have language difficulties, especially when caring for immigrant or refugee patients, they encounter negative attitudes from patients or their relatives, and they most benefit from

interpreters for communication. It was determined that the level of intercultural sensitivity in the nurses in our study group was moderate, and age, education level, place of residence, and working year affected intercultural sensitivity. In addition, in our study, it is seen that nurses with low intercultural sensitivity have difficulties in giving care to immigrant and refugee patients. In order to provide better quality care in nursing care, it is necessary to understand nurses' attitudes towards immigrant and refugee patients. It may be beneficial to provide interventions to these patients in separate units, support nurses with more frequent in-house training and new policies, and have nurses with previous experience caring for these patients work in these areas. In addition, it will be beneficial to increase cultural respect and sensitivity by providing nurses with the opportunity to work abroad, learn about different cultures, and learn new languages.

Ethics Committee Approval: Samsun University Clinical Research Ethical Committee ethical approval (SUKAEK-2022/5/13, date:10.08.2022) and Samsun Education and Research Chief Physician permission were obtained. Participants signed an informed consent form and were told that participation in the study was entirely voluntary and that they could leave from the study at any time. At every stage of the study, the principles of the Declaration of Helsinki were followed.

Author Contributions:

Concept and Design: S.O, D.K, Data Collection and Processing: S.O, D.K, Literature search: S.O, D.K, Analysis or Interpretation, Writing: S.O, D.K.

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REFERENCES

1. Demirhan Y, Aslan S. Türkiye'nin Sınır Ötesi Göç Politikaları Ve Yönetimi. Birey Ve Toplum Sosyal Bilimler Dergisi. 2015;5(1), 23-62
2. UN-DESA (2021) United Nations Department of Economic and Social Affairs. (cited 28 November 2022). Available from: https://www.un.org/development/desa/pd/content/international-migrant-stock.
3. Baksi A, Sürücü Ha, Duman M. Hemşirelik Öğrencilerinin Kültürler Arası Duyarlılıkları ve İlişkili Faktörlerin Değerlendirilmesi. Jaren. 2019;5(1):31-9.
4. Chen G-M. A Review of the Concept of Intercultural Sensitivity. 1997.
5. Mao Y, Hale CL. Relating intercultural

communication sensitivity to conflict management styles, technology use, and organizational communication satisfaction in multinational organizations in China. Journal of Intercultural Communication Research. 2015; 44(2):132-50.

6. Bhawuk DP, Brislin R. The measurement of intercultural sensitivity using the concepts of individualism and collectivism. International journal of intercultural relations. 1992;16(4):413-36.
7. Sung DH, Jin KN, Kim, JM. The preparation of medical institutions in Seoul for attracting foreign patients. Korean J Hosp Manag. 2012;17(4):58-70.
8. Ministry of Health. Health Statistics Yearbook. 2017. Ankara: Kuban Matbaacılık Yayıncılık; 2017. (cited 22 November 2022). Available from: https://dosyasb.saglik.gov.tr/Eklenti/30148,ingilizcesiydijiv1pdf.pdf?0.
9. Chen G-M, Starosta WJ. The development and validation of the intercultural sensitivity scale. Human Communication. 2000;3:1-15.
10. Bulduk S, Tosun H, Ardıç E. Türkçe kültürler arası duyarlılık ölçeğinin hemşirelik öğrencilerinde ölçümsel özellikleri. Turkiye Klinikleri Journal of Medical Ethics-Law and History. 2011;19(1):25-31.
11. Aydın D, Şahin N, Akay B. Göç olayının çocuk sağlığı üzerine etkileri. İzmir Dr. Behçet uz Çocuk Hast. Dergisi. 2017;7(1):8-14.
12. Gönderen Çakmak H, Özer Küçük E, Ağadayı E, Kahveci R. Bir Araştırma Hastanesinde Çalışan Hemşirelerin Kültürlerarası Duyarlılıkları Ve Göçmen Hastalar İle İlgili Görüşleri. Ankara Medical Journal. 2020;20(4).
13. Hadımlı A, Koçak YÇ, Şener AG, Üredi N. Ebelik Öğrencilerinin Klinik Uygulamaları Sırasında Mülteci/Sığınmacı Kadınlarla İletişimde Yaşadıkları Güçlükler. Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi. 2019; 6(1), 1-9.
14. Akkoç S, Tok M, Hasıripi A. Mülteci ve sığınmacı hastalara sağlık hizmeti sunulurken sağlık çalışanlarının yaşadığı sorunlar. Sağlık Akademisyenleri Dergisi. 2017;4(1), 23-27.
15. İldan Çalım S, Kavlak O, Sevil Ü. Evrensel bir sorun: Göç eden kadınların sağlığı ve sağlık hizmetlerinde yaşanan dil engeli. Sağlık ve Toplum. 2012; 22(2), 11-19.
16. Gönenç İM, Göktaş M, Dursun RA, Çökelek F, Ercan N, Şahin D. Opinions and cultural sensitivities of midwives and nurses about providing health care to women seeking asylum. Journal of Human Sciences. 2018;15(2), 683-696.
17. Afyonoğlu MF, Harputlu Ç. Covid-19 Pandemisinde Göç Alanında Çalışan Sosyal Çalışmacı Olmak. Journal of Society & Social Work. 2021;32(5).
18. Özdemir F, Evgin D, İnci F. Pediatri Hemşirelerinin Kültürel Duyarlılıkları ve Mülteci Hastalara Yönelik Aile Merkezli

Bakım Uygulamaları: Kesitsel Bir Çalışma. Turkiye Klinikleri Journal of Nursing Sciences. 2022;14(2).

19. Yilmaz M, Toksoy S, Direk ZD, Bezirgan S, Boylu M. Cultural sensitivity among clinical nurses: a descriptive study. J Nurs Scholarsh. 2017;49(2):153-61.
20. Uzun Ö, Sevinç S. The relationship between cultural sensitivity and perceived stress among nurses working with foreign patients. Journal of clinical nursing. 2015;24(23-24):3400-8.
21. Kürtüncü M, Arslan N, Çatalçam S, Yapıcı G, Hırçın G. Yataklı tedavi kurumlarında çalışan hemşirelerin kültürlerarası duyarlılıkları ile sosyo-demografik özellikleri ve empati düzeyleri arasındaki ilişkisi Hemşirelikte Araştırma Geliştirme Dergisi. 2018;20(1):44-56.
22. Karlıdağ Arlı Ş, Bakan AB. Cerrahi hemşirelerde merhamet ve kültürlerarası duyarlılığı etkileyen faktörler. Sürekli Tıp Eğitimi Dergisi. 2018;27(4):277-83.
23. Quine A, Hadjistavropoulos HD, Alberts NM. Cultural self-efficacy of Canadian nursing students caring for Aboriginal patients with diabetes. Journal of Transcultural Nursing. 2012;23(3):306-312. doi: 10.1177/1043659612441023.
24. Jeffreys MR, Dogan E. Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. Journal of Transcultural Nursing. 2012;23(2):188-197.
25. Lin C-N, Mastel-Smith B, Alfred D, Lin Y-H. Cultural competence and related factors among Taiwanese nurses. Journal of Nursing Research. 2015;23(4):252-61.
26. Chang H-Y, Yang Y-M, Kuo Y-L. Cultural sensitivity and related factors among community health nurses. Journal of Nursing Research. 2013;21(1):67-73.
27. Plaza Del Pino F, Soriano E, Higginbottom G. Sociocultural and linguistic boundaries influencing intercultural communication between nurses and Moroccan patients in southern Spain: a focused ethnography. BMC Nursing. 2013;12: 2-8.