Hemşirelik Bilimi Dergisi
Journal of Nursing Sciences
2024, 7 (1), 23-32
Doi: 10.54189/hbd.1283100

Research Article

Evaluation of Cultural Competence Levels of Pediatric Nurses Working in Antalya

Antalya'da Görev Yapan Pediatri Hemşirelerinin Kültürel Yeterlilik Düzeylerinin Değerlendirilmesi

Ayla TUZCU[a], Şerife TUTAR[b]

[a] PhD, Akdeniz University, Faculty of Nursing, Department of Public Health Nursing, Antalya, Türkiye

[b]PhD, Süleyman Demirel University, Faculty of Health Sciences, Nursing Department, Department of Pediatric Nursing, Isparta, Türkiye

Geliş tarihi/Date of recipiet: 10/05/2023 **Kabul tarihi/Date of acceptance: 25/10/2023**

ABSTRACT

Introduction: The number of immigrants and refugees in Turkey is increasing due to various reasons. Therefore, it is important to understand the factors that influence the cultural competence of pediatric nurses who often encounter families and children from different cultural backgrounds in multicultural societies.

Objective: The aim of this study was to evaluate the cultural competencies of pediatric nurses and the associated factors.

Methods: This cross-sectional study was conducted at hospitals in Antalya and its districts, Turkey, in 2018. The study sample consisted of 236 pediatric nurses. Descriptive information form and Nurse Cultural Competence Scale-Turkish (NCCS-T) form were used for data collection.

Results: The mean NCCS-T score of pediatric nurses was found 60.82±14.31. Nurses who received vocational training to provide health care services to individuals from different cultures, who were satisfied with working with immigrants or who were not experienced in providing care for such groups had higher competence levels ($p<0.05$).

Conclusion: The cultural competence level of participants was found to be intermediate and their cultural competencies should be improved considering the increasing diversity of patient population. It is believed that training on cultural diversity should be mandatory and continuously for pediatric nurses during their professional and in-service training.

Keywords: Cultural Competency, Cultural Competency Scale, Migrant, Pediatric Nursing, Transcultural Nursing

ÖZ

Giriş: Türkiye'de göçmen ve mülteci sayısı çeşitli sebeplerden dolayı giderek artmaktadır. Bu nedenle, çok kültürlü toplumlarda farklı kültürel geçmişlere sahip aileler ve çocuklarla sıklıkla karşılaşan pediatri hemşirelerinin kültürel yeterliliğini etkileyen faktörlerin anlaşılması önemlidir.

Amaç: Pediatri hemşirelerinin kültürel yeterlilik düzeyini ve kültürel yeterliliğini etkileyen faktörleri belirlemektir.

Yöntem: Bu kesitsel çalışma, 2018 yılında Türkiye'de Antalya ve ilçelerindeki hastanelerde yapıldı. Araştırmanın örneklemini 236 pediatri hemşiresi oluşturmuştur. Verilerin toplanmasında tanımlayıcı bilgi formu ve Hemşire Kültürel Yeterlilik Ölçeği-Türkçe (HKYÖ-T) formu kullanıldı.

Bulgular: Pediatri hemşirelerinin HKYÖ-T puan ortalaması 60.82±14.31'dir. Farklı kültürlerden bireylere sağlık hizmeti sunmak için mesleki eğitim alan, göçmenlerle çalışmaktan memnun olan ya da bu tür gruplara bakım sağlama konusunda deneyimli olmayan hemşirelerin kültürel yeterlilik düzeyleri daha yüksektir ($p<0.05$).

Sonuç: Katılımcıların kültürel yeterlilik düzeylerinin orta düzeyde olduğu ve artan hasta popülasyonu çeşitliliği göz önünde bulundurulduğunda kültürel yeterliliklerinin geliştirilmesi gerektiği belirlenmiştir. Pediatri hemşirelerinin mesleki ve hizmet içi eğitimleri sırasında kültürel çeşitlilik eğitimlerinin zorunlu ve sürekli olması gerektiğine inanılmaktadır.

Anahtar Kelimeler: Göçmen, Kültürel Yeterlilik, Kültürel Yeterlilik Ölçeği, Kültürlerarası Hemşirelik, Pediatri Hemşireliği

ORCID IDs: AT: 0000-0002-1291-7970; ŞT: 0000-0002-3559-8677
Sorumlu yazar/Corresponding author: PhD. Şerife TUTAR, Süleyman Demirel Üniversity, Faculty of Health Sciences, Isparta, Türkiye
e-posta/e-mail: serifeguven@sdu.edu.tr
Atıf/Citation: Tuzcu A, Tutar Ş. (2024). Evaluation of Cultural Competence Levels of Pediatric Nurses Working in Antalya. *Journal of Nursing Science,* 7 (1), 23-32. doi:10.54189/hbd.1283100

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

INTRODUCTION

Turkey hosted many civilizations and formed a bridge between the continents throughout the history as being at the intersection point of Asia and Europe. As of the Syrian crisis in 2012 and the Mediterranean crisis in 2015, Turkey has become both a settlement and a transit country for migrants and refugees. Today, more than 3.5 million migrants and refugees have inhabited Turkey and there are more than 2.85 million Syrians registered for temporary protection. Nearly more than half million migrants have come to Turkey for various reasons, including family reunification, employment and education. (International Organization for Migration [IOM], 2018). Since the number and varieties of migrants have been rapidly increasing, health care employees are facing cultural adaptation difficulties. Therefore, it is extremely important to determine and improve the cultural competencies of health care professionals in order to better address the health requirements of individuals according to cultural origins (Tanrıverdi, 2016).

Cultural competence which is identified as a multidimensional learning process combining intercultural skills (cognitive, practical, and sentimental) include intercultural self-effectiveness as an important factor aiming to realize culturally congruent care (Jeffreys, 2015; Shen, 2015). Cultural competence in nursing requires a detailed awareness and specific knowledge and skills while providing services to culturally diverse individuals or communities. Moreover, such competence requires professional approach toward individuals or groups having different cultural attributes and performing the duty effectively (Campinha-Bacote, 1995; Suh, 2004).

The role of nurses involves close communication with patients. It is important for the nurses to be informed about the cultural background of individuals in order to provide healthcare services effectively. Such knowledge will be supportive in terms of meeting cultural preferences and providing respectful care (Chae et al., 2018; Kanchana & Sangames, 2016). In a previous study (Hart & Mareno, 2014), specified that the diversity of patient population, the insufficiency of resources for providing culturally competent care, and the presence of prejudices are the reasons for the difficulties experienced by nurses in providing culturally competent care. A Canadian study reported that neonatal intensive care nurses frequently encountered migrant families. Because these families have different beliefs and norms, it has been stated that nurses must provide culturally adequate care in order to reduce obstacles arising from communication or cultural issues (Hendson et al, 2015). It was found that the cultural competence of nurses was positively correlated with patient and care satisfaction, adherence to medical treatment, improvement in health status, and appropriate use of the health system in Italy (Cicolini et al., 2015). In a study conducted in Saudi Arabia, it was determined that nurses with higher education level and less work experience had higher cultural competence levels Alharbi, Alhamlan and Aboshaiqah (2021).

Pediatric nurses (PNs) have a closer interaction with mothers and children than other health care professionals. Therefore, it is crucial for them to build an effective communication with patients having different beliefs and cultures and to have the responsibility for providing care in a holistic manner. Hospitalization of children is an extremely stressful process effecting the child and the family as well as the interaction between parents and care givers (Comp, 2011; Tavallali, 2014). Having communication difficulties due to cultural differences can create anxiety and reduce parental satisfaction with their child's healthcare professionals (Tavallali, 2014). Nurses should accept the cultural differences of the patients and their families. Nurses should also consider their beliefs in the treatment plan, and they should also be respectful to the values of different cultures in order to provide patient- and family-centred care (Butler, 2016; Hart & Mareno, 2014). In addition, health care organizations should consider how personal cultural differences might become apparent when nurses provide care (Tavallali, 2014)

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

Migrants or refugees residing in Turkey are generally young, that is, individuals of reproductive age, and pediatric nurses frequently encounter patients from different cultures or their families in the clinical setting. Since pediatric nurses play a very important role in the lives of children and their parents, it is necessary to figure out and explain the factors that affect their cultural competencies. The aim of this study was to evaluate the cultural competence levels of PNs in Turkey and the factors (demographic and cultural background) associated with their cultural competence levels.

METHODS

Research Design and Setting

This cross-sectional study was conducted between July and September 2018 at all hospitals under the administration of Ministry of Health in the province of Antalya and its districts.

Participants

The study population consisted of nurses working in pediatric clinics of these institutions (n = 300). A total of 236 nurses (78.7%) volunteered to participate in the study were included in the sample. The study's power was found 0.82 in G*Power 3.1 program (d = 0.47, effect size; α=0.05, margin of error).

Data Collection

The Descriptive Information Form and the Nurse Cultural Competence Scale (NCCS) developed by Perng and Watson (2012) and adopted into Turkish by Gözüm, Tuzcu and Kırca (2016) were used for data collection. Data were collected by the second researcher in pediatric clinics. Those who agreed to participate in the study were given about 5-15 minutes to answer the questionnaires.

Descriptive Information Form

Based on the literature, the form consisted of two sections, including demographic features and cultural background of PNs (Gözüm et al., 2016; Heitzler, 2017; Lin et al., 2015; Noji et al., 2017). Regarding the demographic features, "age, working years in the profession, and period of assignment in pediatric services" were evaluated using open-ended questions, and "gender and education level" were evaluated using closed-ended questions. Questions evaluating the cultural background of nurses, such as "Can you speak any foreign languages?", "Have you ever experienced living-working-studying in another country?", "Have you ever had a brief business or touristic visit to any other country?", and "Have you ever had a friend-partner-relative-neighbour having a different culture in your private life with whom you are in close contact?", were answered with the options "Yes" and "No." In addition, the question of "Frequency of encountering with individuals having different cultures in the area where you work?" was evaluated with the options "Never," "Rarely," "Often," and "Very Frequent." "Level of satisfaction of working with migrants and refugees" was evaluated with the options "I have no experience," "I am satisfied," and "I am dissatisfied."

Nurse Cultural Competence Scale-Turkish (NCCS-T) Form

The NCCS developed by Perng and Watson (2012) is a scale with three subdimensions and includes a 5-point Likert scale evaluating the cultural skills, cultural knowledge, and cultural sensitivities of nurses. The scale consists of 20 items, of which 12 items are associated with cultural competencies, six items are related to cultural knowledge, and two items are

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

related to cultural sensitivity. The scores obtained from the scale vary between 20 and 100. The level of agreement with each item is measured with the responses as strongly disagree (1), disagree (2), not sure (3), agree (4), and strongly agree (5). A higher score denotes a high cultural competence. The validity and reliability of the NCCS in the Turkish version were evaluated by Gözüm, Tuzcu and Kırca (2016), and Cronbach's alpha was calculated as 0.96. Cronbach's alpha of the scale was found as 0.94 in the study.

Ethical Approval

The study was reviewed and approved by the relevant institutional review board (approval no. 2018-395). Administrative permission for conducting the study was obtained from Antalya Provincial Health Directorate. In addition, all PNs provided their informed consents to participate in this study.

Data Analysis

Statistical analyses were performed using the SPSS program, version 21.00. The normality of distribution was evaluated by the Kolmogorov–Smirnov test. Univariate analyses were performed to identify the variables associated with the cultural competence level using the t-test, Mann–Whitney U test, and one-way ANOVA. Moreover, the Bonferroni correction was used to adjust for multiple comparisonsIn the multivariate analysis, the probable factors identified in univariate analyses were further entered into the binary logistic regression analysis to determine the independent predictors of cultural competence level. Independent variables with $p<0.05$ were included in the multivariate logistic regression model. Furthermore, cultural competence level, being a dependent and continuous variable should be dichotomized to perform a binary logistic regression analysis (Hayran, 2011). In this study, the mean cultural competence level of PNs was found as 60.82 where a cultural competence level of "60 and below" was evaluated as "lower than mean," and a cultural competence level of "61 and above" was evaluated as "higher than mean." The level of statistical significance was taken as $p<0.05$.

RESULTS

The mean age of the participants was found as 34.66 years (SD:6.66) where 51.3% of them were in the age group of 30–39 years. About 90% of them were females and 72.5% of them were undergraduates. It was observed that 61% of the participants had a nursing experience of 10 years and more in their profession and 66.1% of them had nursing experience in pediatric services for a period of <10 years (Table 1). It was found that the mean NCCS-T score of PNs was 60.82 (SD:14.31), and their cultural competencies were found to be at an intermediate level. No significant difference was observed between the cultural competence levels of PNs and age, gender, educational level, nursing experience, and nursing experience in pediatric services ($p>0.05$) (Table 1).

PNs who were able to speak a second language comprised 28.4% while those with a living, working or studying experience abroad comprised 5.5%. Those who had been abroad for business or touristic visit comprised 22.9%. PNs who had a friend, neighbour or partner with a different culture comprised 29.7%, while 22.9% of them had an experience of encountering frequently/very frequently individuals from different cultures in pediatric services. Furthermore, 14.4% of PNs had undergone training in providing health care services to individuals from different cultures, and 23.3% of them were satisfied with provided health care services to migrants and refugees (Table 2).

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

Table 1. Comparison of Demographic Characteristics and Cultural Competence Levels of PN (n=236)

Characteristic	n	(%)	Mean (SD)	Statistic	P
Age (years)					
<30	57	(24.2)	63.40 (13.35)		
30-39	121	(51.3)	60.43 (12.99)	1.403*	0.248
40 or over	58	(24.6)	59.08 (17.40)		
Gender					
Female	207	(87.7)	61.28 (13.72)	2621.5**	0.270
Male	29	(12.3)	57.59 (17.89)		
Education level					
High school- Associate degree	38	(16.1)	57.94 (14.93)		
Bachelor's degree	171	(72.5)	60.92 (13.87)	1.525*	0.220
Postgraduate	27	(11.4)	64.18 (15.78)		
Years of nursing experience					
<10	92	(39.0)	62.58 (13.29)	1.519***	0.130
≥10	144	(61.0)	59.69 (14.85)		
Period of working in pediatrics					
10 <	156	(66.1)	61.74 (13.84)	1.637***	0.103
10 ≥	80	(33.9)	59.02 (15.09)		

*One way ANOVA; **Mann-Whitney U test*; ***t test; SD= Standard Deviation

Factors such as being able to speak a second language ($p<0.001$); having a friend, neighbour, or partner from a different culture ($p=0.001$); and having undergone training for providing health care services in a multicultural community ($p<0.001$) were found to be significantly associated with the cultural competence level of PNs. Moreover, the cultural competence level of PNs who were satisfied with provided health care services to migrants and refugees was significantly higher than that that of PNs who were unsatisfied ($p<0.001$) (Table 2).

Table 2. Comparison of Cultural Backgrounds and Cultural Competence Levels of PNs (n = 236)

Cultural backgrounds	n	(%)	Mean (SD)	Statistic	P
Speaking a different language					
Yes	67	(28.4)	66.22 (13.50)	3.822*	**0.000**
No	169	(71.6)	58.68 (14.08)		
Live, work, education experience outside of Turkey					
Yes	13	(5.5)	67.31 (18.03)	1193.5**	0.284
No	223	(94.5)	60.44 (14.02)		
Business or tourist visits to a country other than Turkey					
Yes	54	(22.9)	61.29 (14.64)	0.277*	0.782[a]
No	182	(77.1)	60.68 (14.24)		
Having a friend, a neighbour, partner from a different culture					
Yes	70	(29.7)	65.45 (13.97)	3.305*	**0.001**
No	166	(70.3)	58.86 (14.03)		
Frequency of encounter with individuals from different cultures in pediatric services					
Never/rarely	54	(22.9)	62.19 (12.28)	0.797*	0.426
Often/ very frequent	182	(77.1)	60.42 (14.86)		
Undergo training in provision of health services in a multi-cultural community					
Yes	34	(14.4)	66.55 (9.93)	2557.5**	**0.011**
No	202	(85.6)	59.85 (14.71)		
Satisfaction with providing health service to immigrants and refugees					
I have no experience	16	(6.8)	60.25 (12.30)		
I am dissatisfied	165	(69.9)	58.88 (14.84)	5.405***	**0.001**[a]
I am satisfied	55	(23.3)	66.82 (11.42)		

*t test; **Mann-Whitney U Test; ***One way ANOVA; [a]Benforonni test

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

Results of the multivariate analysis showed that PNs who received vocational or in-service training to provide health care services to individuals from different cultures had higher cultural competence levels than those who did not receive such training (OR: 2.6, CI: 1.10–6.15, p<0.05). PNs who were satisfied with working with immigrant and refugees or who were not having any experience in providing care for such groups had higher levels of cultural competence than those who were not satisfied. (OR: 2.2, CI: 0.22–4.05, p<0.05) (Table 3).

Table 3. Logistic Regression Analysis of Factors Associated with Cultural Competence Level of PNs (n = 236)

Predictor variable	β	SE	Wald	*P*	OR	95% CI	
Speaking a different language Yes:0 No:1	0.172	0.334	0.265	0.607	1.188	0.62	2.29
Having a friend, a neighbour, partner from a different culture Yes:0 No:1	0.286	0.310	0.849	0.357	1.330	0.73	2.44
Undergo training in provision of health services in a multi-cultural community Yes:0 No:1	0.953	0.440	4.689	**0.030**	2.594	1.10	6.15
Satisfaction with providing health service to immigrants and refugees I have no experince/ I am satisfied:0 I am dissatisfied:1	0.800	0.306	6.830	**0.009**	2.225	0.22	4.05
Constant	-.318	0.193	2.721	0.099	0.728		

Hosmer-Lemeshow goodness-of-fit test: p > 0.05

DISCUSSION

The study has revealed that the cultural competencies of PNs were at intermediate level. The results of the study were consistent with the results of a study conducted in Thailand (Songwathana & Siripan, 2015). However, two studies conducted in Taiwan (Lin et al., 2015; Songwathana & Siriphan, 2015) reported that the cultural competence levels of nurses were below moderate level. On the other hand, clinic nurses in Japan were found to have considerably low cultural competence levels (Noji et al., 2017). In another study conducted in the city centre of Antalya (Gözüm et al., 2016), it was found that clinic nurses had good cultural competence levels (mean=75.34), being higher than the ones found in this study. Nurses working both in rural and urban areas were included in this study. The fact that PNs working in rural areas encounter individuals from different cultures less frequently and have less cultural awareness may have decreased their cultural competence. Although the cultural competence is accepted as the precondition for a successful cross-cultural nursing care (Jeffreys, 2015), the study has revealed that PNs in Antalya do not have a strong cultural competence level. It is necessary to improve their cultural competencies. When the cultural background and cultural competence of PNs were compared, it was found that nurses speaking a second language other than Turkish had higher scores in terms of cultural competence. However, the results of the logistic regression analysis showed that there was no relationship between the cultural competence levels of PNs and being able to speak a second language. Gözüm, Tuzcu and Kırca (2016) noted that nurses speaking a second language had lower cultural competence levels than those who did not. This condition was explained by

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

the difference between the foreign language spoken by the nurses and the language of the migrants. On the contrary, two previous studies had reported that speaking a second language positively correlated with the cultural competence level (Repo et al., 2017; Sevinç, 2018). It has been suggested that being able to speak a second language decreases the ethnic differences, provides an opportunity for effective communication, and elevates the level of providing quality care (Cruz et al., 2017). Contrary to the hypothesis of this study, the lack of association between speaking a second language and the cultural competence level can be due to the fact that PNs had no difficulties in terms of communication since there are translators working in the hospitals in the city centre of Antalya.

PNs who had a friend, neighbour, or a partner from another culture in their private life were found to have higher cultural competence levels. However, the results of the logistic regression analysis demonstrated no relationship between the cultural competence level and having a friend, neighbour, or a partner from a different culture. Results of previous studies did not appear to support the present study results (Cruz et al., 2016; Cruz et al., 2017; Repo et al., 2017). Encountering different cultures is one of the most important elements in trans-cultural nursing (Tanrıverdi, 2016). This type of interaction facilitates the development of nurses' current beliefs with respect to specific cultural groups. Moreover, any prejudices and stereotypes that can arise could be avoided (Campinha-Bacote, 2002; Cruz, 2017). The fact that the result of this study does not support the assumed hypothesis reveals the importance of other factors that might be associated with the cultural competence level and the necessity of explaining them.

In this study, it was observed that PNs who received vocational or in-service training to provide health care services to individuals from different cultures had higher cultural competence levels. The results of the logistic regression analysis showed that receiving training positively associated with the cultural competence level and this was also compatible with the results of some other studies (Cerezo et al., 2014; Lin et al., 2015; Truong et al., 2014). However, a study conducted in Thailand reported that training had no effect on the cultural competence level (Songwathana, & Siriphan, 2015). Nevertheless, the literature also reveals that training contributes to the improvement of information, skills, and attitudes related to cultural competence and has an important contribution to the treatment of the patient (Downing et al., 2011; Truong et al., 2014). It has been emphasized that the education received during undergraduate study and training received after graduation had significant effects on the improvement of cultural competence (Jeffreys, 2000). Development of cultural competence is a gradual and continuing process. Therefore, providing sustainable training is an important factor for cultural competence (Campinha-Bacote, 2002; Loftin et al., 2013; Meydanlıoglu et al., 2015).

In the present study, it was observed that nurses who were satisfied with working with migrants and refugees had higher cultural competence levels than those who were not satisfied. The logistic regression analysis also revealed a positive relationship between satisfaction and cultural competence levels. The assumed hypothesis was supported accordingly. Moreover, these results were found to be compatible with those of other studies (Cruz et al., 2018; Gözüm et al., 2016; Heitzler, 2017; Hendson et al., 2015; Repo et al., 2017). It could be noted that having a positive experience while providing health care to non-native individuals increases the cultural competence level.

Limitations

The study sample included nurses working in pediatric clinics of hospitals affiliated to the Ministry of Health in Antalya, Turkey. PHs working in private hospitals were not included in the study sample. Therefore, it is not appropriate to extrapolate the results to other populations in this region or elsewhere in Turkey. It is recommended that future studies be conducted in different societies.

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

CONCLUSIONS

The study has revealed that the cultural competence level of the PNs in Antalya where the migrant population is high is at intermediate level and it is necessary to improve cultural competence. In addition, PNs who received training to provide health care services to individuals from different cultures and who were satisfied with working with migrants or refugees or who were not experienced in working with such groups had higher cultural competence levels.

In the literature, we have not encountered any studies evaluating the cultural competence of PNs in Turkey. Moreover, it supports the current literature highlighting the need of continuous training for providing culturally competent care in healthcare institutions. PNs who frequently encounter mothers and children from different cultures in a multicultural society and provide health care services to them should receive training regarding the cultural need of the society. As the development of cultural competence is a gradual process, it is important to provide continuous training to health care professionals and evaluate their cultural competence levels by using current measurement tools. It is recommended to evaluate the cultural competence levels of pediatric nurses from different cultures and improve the missing aspects. It is believed that there will be an increase in the satisfaction level of nurses when they observe the improvements in the health conditions of the patient in the institutions where culturally competent care services are provided. Furthermore, culturally competent health care for health professionals and health institutions is of great importance in terms of reducing health inequality and improving the quality of health care.

Araştırmanın Etik yönü/Ethics Comittee Approval: The study was reviewed and approved by the relevant institutional review board (approval no. 2018-395). Administrative permission for conducting the study was obtained from Akdeniz University Hospital. In addition, all PNs provided their informed consents to participate in this study.

Hakem/Peer-review: The external referee is independent.

Yazar Katkısı/Author Contributions: Idea and design:AT, ŞT; Data collecting: ŞT; Data analysis and interpretation:AT, ŞT; Article writing:AT, ŞT; Critical review:AT, ŞT.

Çıkar Çatışması/Conflict of Interest: The authors declare no conflict of interest.

Finansal Destek/Financial Disclosure: The authors declared that they did not receive financial support for the study.

This study was presented at the 2. International 5. National Interculturel Nursing congress held in Bursa in 2019.

REFERENCES

Alharbi MF, Alhamlan MH, Aboshaiqah AE. (2021). Cultural competency among Pediatric Registered Nurses in Saudi Arabia: Cross-sectional design. *Journal of Transcultural Nursing,* 32(5), 567–574. doi:10.1177/1043659620960781

Campinha-Bacote J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing,* 13(3), 181–201. doi:10.1177/10459602013003003

Campinha-Bacote, J. (1995). The quest for cultural competence in nursing care. *Nursing Forum,* 30(4), 19–25. doi:10.1111/j.1744-6198.1995.tb00483.x

Cerezo PG, Galceran MS, Soriano MG, Moral JL. (2014). Design and evaluation of an educational course in cultural competence for nursing. *Procedia-Social and Behavioral Sciences*, 132, 262-268.

Chae D, Kang KH, Benkert R, Doorenbos AZ. (2018). Evaluation of the psychometric properties of the Korean version of the cultural competence assessment. *Japan Journal of Nursing Science: JJNS,* 15(1), 56–66. doi:10.1111/jjns.12169

Cicolini G, Della Pelle C, Comparcini D, Tomietto M, Cerratti F, Schim SM, et al. (2015). Cultural competence among Italian uurses: A multicentric survey. *Journal of Nursing Scholarship,* 47(6), 536–543. doi:10.1111/jnu.12165

Comp D. (2011). Improving parent satisfaction by sharing the inpatient daily plan of care: An evidence review with implications for practice and research. *Pediatric Nursing,* 37(5), 237–242.

Cruz JP, Alquwez N, Cruz CP, Felicilda-Reynaldo RFD, Vitorino LM, Islam SMS. (2017). Cultural competence among nursing students in Saudi Arabia: A cross-sectional study. *International Nursing Review,* 64(2), 215–223. doi:10.1111/inr.12370

Cruz JP, Estacio JC, Bagtang CE, Colet PC. (2016). Predictors of cultural competence among nursing students in the Philippines: A cross-sectional study. *Nurse Education Today,* 46, 121–126. doi:10.1016/j.nedt.2016.09.001

Cruz JP, Machuca Contreras FA, Ortiz López JE, Zapata Aqueveque CA, Vitorino LM. (2018). Psychometric assessment of the cultural capacity scale Spanish version in Chilean nursing students. *International Nursing Review,* 65(2), 262–269. doi:10.1111/inr.12388

Downing R, Kowal E, Paradies Y. (2011). Indigenous cultural training for health workers in Australia. *International Journal for Quality in Health Care,* 23(3), 247-257.

Gözüm S, Tuzcu A, Kirca N. (2016). Validity and reliability of the turkish version of the nurse cultural competence scale. *Journal of Transcultural Nursing,* 27(5), 487–495. doi:10.1177/1043659615582089

Hart PL, Mareno N. (2014). Cultural challenges and barriers through the voices of nurses. *Journal of Clinical Nursing*, 23(15-16), 2223–2232. doi:10.1111/jocn.12500

Hayran M, Hayran M. (2011). *Basic Statistics for Health Research*. (Sağlık Araştırmaları İçin Temel İstatistik) [in Turkish]. Ankara: Art Ofset Company Limited.

Heitzler ET. (2017). Cultural Competence of Obstetric and Neonatal Nurses. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN,* 46(3), 423–433. doi:10.1016/j.jogn.2016.11.015

Hendson L, Reis MD, & Nicholas, D. B. (2015). Health care providers' perspectives of providing culturally competent care in the NICU. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN,* 44(1), 17–27. doi:10.1111/1552-6909.12524

International Organization for Migration (IOM) Turkey, 2018. (Available at: 07.08.2018). http://www.turkey.iom.int/migration-turkey

Jeffreys MR. (2000). Development and psychometric evaluation of the transcultural self-efficacy tool: A synthesis of findings. *Journal of Transcultural Nursing,* 11(2), 127-136.

Jeffreys MR. (2015). *Teaching cultural competence in nursing and health care: Inquiry, action, and innovation* (3th ed.) New York, NY: Springer Publishing Company.

Kanchana MN, Sangamesh N. (2016). Transcultural nursing: Importance in nursing practice. *International Journal of Nursing Education,* 8(1), 135-138.

Lin CN, Mastel-Smith B, Alfred D, Lin YH. (2015). Cultural competence and related factors among Taiwanese nurses. *The Journal of Nursing Research: JNR,* 23(4), 252–261. doi:10.1097/JNR.0000000000000097

Loftin C, Hartin V, Branson M, Reyes H. (2013). Measures of cultural competence in nurses: an integrative review. *The Scientific World Journal,* 2013, 289101. doi:10.1155/2013/289101

Meydanlioglu A, Arikan F, Gözüm S. (2015). Cultural sensitivity levels of university students receiving education in health disciplines. *Advances in Health Sciences Education: Theory and Practice,* 20(5), 1195–1204. doi:10.1007/s10459-015-9595-z

Noji A, Mochizuki Y, Nosaki A, Glaser D, Gonzales L, Mizobe A, et al. (2017). Evaluating cultural competence among Japanese clinical nurses: Analyses of a translated scale. *International Journal of Nursing Practice,* 23(1). doi:10.1111/ijn.12551

Perng SJ, Watson R. (2012). Construct validation of the nurse cultural competence scale: A hierarchy of abilities. *Journal of Clinical Nursing,* 21(11-12), 1678–1684. doi:10.1111/j.1365-2702.2011.03933.x

Repo H, Vahlberg T, Salminen L, Papadopoulos I, Leino-Kilpi H. (2017). The cultural competence of graduating nursing students. *Journal of Transcultural Nursing,* 28(1), 98–107. doi:10.1177/1043659616632046

Sevinç S. (2018). Nurses' experiences in a Turkish ınternal medicine clinic with syrian refugees. *Journal of Transcultural Nursing,* 29(3), 258–264. doi:10.1177/1043659617711502

Shen Z. (2015). Cultural competence models and cultural competence assessment instruments in nursing: A literature review. *Journal of Transcultural Nursing,* 26(3), 308–321. doi:10.1177/1043659614524790

Shepherd SM. (2019). Cultural awareness workshops: limitations and practical consequences. *BMC Medical Education,* 19(1), 14. doi:10.1186/s12909-018-1450-5

Songwathana P, Siriphan S. (2015). Thai nurses' cultural competency in caring for clients living in a multicultural setting. *Pacific Rim International Journal of Nursing Research,* 19(1), 19-31.

Suh EE. (2004). The model of cultural competence through an evolutionary concept analysis. *Journal of Transcultural Nursing,* 15(2), 93–102. doi:10.1177/1043659603262488

Tanrıverdi G. (2016). *The importance of culturally competence approach in nurses* (Hemşirelerde Kültürel Yeterliliği Geliştirme Yaklaşım ve Önerileri) [in Turkish]. Ankara: Positive Printing.

Journal of Nursing Science
2024, 7 (1), 23-32
Doi:10.54189/hbd.1283100

Tavallali AG, Jirwe M, Kabir ZN. (2017). Cross-cultural care encounters in paediatric care: Minority ethnic parents' experiences. *Scandinavian Journal of Caring Sciences,* 31(1), 54–62. doi:10.1111/scs.12314

Truong M, Paradies Y, Priest N. (2014). Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC Health Services Research,* 14(1), 1-17.