



Research Article

**INTERCULTURAL COMMUNICATION COMPETENCE OF HEALTHCARE PROFESSIONALS CARING FOR PATIENTS FROM DIVERSE CULTURES**

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**Abstract:** *This research aims to examine the intercultural communication competence of healthcare professionals providing care and treatment to patients from different cultures. It evaluates the impact of intercultural communication on the quality and effectiveness of healthcare services. The research was conducted with the participation of 280 healthcare professionals working at a University Hospital. Data were collected using the Intercultural Sensitivity, Intercultural Effectiveness, and Intercultural Awareness scales. Data analysis was performed using SPSS 25.0, and non-parametric tests were used for data that did not follow a normal distribution. Of the participants, 67.8% were female, 74.7% were under 25 years old, and 81.6% were single. In terms of education, 36.8% had an associate degree, and 44.8% had a bachelor's degree. The effects of demographic variables such as gender, marital status, and work department on intercultural competence were examined. Women scored higher than men in the Identity Protection sub-dimension, while married individuals scored lower than singles in the Cultural Communication Awareness sub-dimension. Paramedics had higher intercultural effectiveness scores compared to nurses. The duration of experience significantly affected the Comfort in Communication sub-dimension. Higher education levels were associated with increased intercultural sensitivity and effectiveness scores. Those who received intercultural patient care training had higher scores, and those willing to work with patients from different cultures had higher intercultural sensitivity and effectiveness scores. These findings emphasize the importance of intercultural training and development programs to improve the quality of healthcare services. Enhancing healthcare professionals' intercultural communication skills is crucial for increasing patient satisfaction and the effectiveness of healthcare services.*

**Keywords:** *Cultural Competence, Cultural Diversity, Healthcare Workers, Health Tourism, Nursing*

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## 1. Introduction

The globalization process has made societies more diverse and multicultural. This change has also directly affected the health sector. Healthcare services have become complex as patients and healthcare professionals come from different cultural backgrounds [1-5]. Intercultural communication has a critical importance in the health sector because cultural differences, language diversity and communication methods have a direct impact on the quality and effectiveness of health services. In this context, the intercultural communication competence of healthcare professionals is an important factor affecting patient satisfaction, compliance with treatment processes, and overall health outcomes [3-8].

Intercultural communication is a set of processes that enable individuals from different cultural backgrounds to interact effectively and meaningfully with each other. In healthcare, these

communication skills are critical to understanding and respecting patients' cultural values, beliefs and expectations [1, 3, 7, 9, 10]. The ability of healthcare professionals to communicate effectively with patients from different cultural backgrounds can help patients better adapt to treatment processes and be more satisfied with healthcare services. Therefore, professionals working in the health sector should be sensitive to cultural differences and have effective communication skills [6, 11-17].

Intercultural communication competence includes various dimensions such as cultural sensitivity, cultural effectiveness, and cultural awareness. Cultural sensitivity means that individuals understand and respect the values and beliefs of people from different cultural backgrounds [18-20]. Cultural effectiveness refers to the ability of individuals to communicate effectively and appropriately in different cultural contexts. Cultural awareness involves individuals being aware of their own cultural values and beliefs and being open to other cultural perspectives [6, 7, 8]. These three dimensions are the basic skills necessary for health professionals to communicate effectively with patients from different cultural backgrounds [5, 8, 13, 16, 19].

Demographic variables such as age, gender, and education level were included in this study to assess their potential impact on intercultural communication competence. Various studies have shown that higher education levels and increased work experience contribute to the development of communication skills in healthcare settings [5-8, 13, 19]. Additionally, intercultural training is considered a critical factor that enhances healthcare professionals' cultural sensitivity and effectiveness when interacting with patients from diverse cultural backgrounds. However, the limited number of studies in this field highlights the need for further in-depth investigation into the effects of intercultural training and demographic variables. This study aims to identify key factors that influence healthcare professionals' ability to communicate effectively in a multicultural environment [6, 11-17].

The complex and multi-layered structure of the healthcare system directly affects the experiences of both patients and healthcare professionals. Particularly, patients from diverse cultural backgrounds may encounter language barriers, cultural expectations, and complicated bureaucratic procedures during their access to healthcare services [3, 4, 16, 18, 20]. This can result in prolonged treatment processes, difficulties in patient adherence to treatment, and reduced satisfaction levels. From the healthcare professionals' perspective, the communication problems they face while providing care to patients from different cultural backgrounds, combined with increased workloads and procedural complexity within the system, may decrease job satisfaction and negatively impact the effectiveness of healthcare services. Additionally, healthcare professionals need to possess strong organizational and time management skills to function effectively in such a complex system [4, 20]. This multi-layered structure creates challenges in the healthcare service processes for both staff and patients, ultimately affecting overall health outcomes. This study examines the impact of this complexity on intercultural communication and highlights the necessity for healthcare professionals to enhance their capacity to cope with these challenges. In this context, improving intercultural communication competence can not only increase the job satisfaction of healthcare professionals but also maximize the benefits patients receive from healthcare services [3, 4, 16, 18, 20].

The aim of this study is to examine the intercultural communication competence of healthcare professionals who provide care and treatment to patients from different cultures. The study examined the effects of factors such as health professionals' demographic characteristics, educational status, work experience, and whether they received intercultural training on intercultural communication competence.

## **2. Materials and Methods**

In this study, a cross-sectional descriptive research design was used to assess the intercultural communication competencies of healthcare professionals working in a public hospital. A total of 280

healthcare workers including nurses, paramedics, physiotherapists, technical/support staff and physicians participated in the study. To ensure a representative sample, stratified random sampling was used, where strata were defined according to different job roles within the hospital. This approach facilitated the inclusion of different professional perspectives and experiences, increasing the generalizability of the findings. The sample size was determined using the Cochran formula, which takes into account a 95% confidence level and a 5% margin of error. Given the hospital's population of approximately 500 healthcare workers, the initial calculated sample size was around 222. To accommodate a potential 20% non-response rate, the target sample size was set at 280 respondents.

Data were collected using three standardized measurement tools: Intercultural Sensitivity Scale (ISS), Intercultural Efficacy Scale (IES), and Intercultural Awareness Scale (IAS), and an Introductory Information Form designed to collect demographic and occupational information such as age, gender, education, marital status, years of experience, department, foreign language proficiency, and previous intercultural training. The ISS, first developed by Chen and Starosta (1998), measures sensitivity towards individuals from different cultural backgrounds in sub-dimensions such as responsibility in communication and respect for cultural differences. The IES, developed by Bennett (1993), assesses the ability to communicate effectively in different cultural contexts, including elements such as behavioral flexibility and comfort in communication. The IAS, created by Livermore (1995), assesses awareness of one's own cultural values and openness to other cultural perspectives, including current cultural awareness and cultural communication awareness. In this study, all scales showed high reliability with Cronbach's alpha coefficients of 0.863 for ISS, 0.861 for IES and 0.873 for IAS.

Data collection was performed via an online platform during the month of April 2024. Participation was entirely voluntary and informed consent was obtained from all participants prior to data collection. Responses were recorded anonymously to protect participant confidentiality and encourage honest and accurate reporting.

By comprehensively describing the cultural background, the study aims to capture the multifaceted nature of intercultural interactions in the healthcare setting.

### **Statistical Analysis**

The collected data were analysed using SPSS 25.0 software. The suitability of the data to normal distribution was analysed by Shapiro-Wilks test. Nonparametric tests were used for data that did not conform to normal distribution. Mean, standard deviation, median, frequency, percentage, minimum and maximum values from descriptive statistics were used in the evaluation of the data. Mann-Whitney U Test and Kruskal-Wallis H Test were used to analyse the differences between groups. After Kruskal-Wallis H Test, Dunn-Bonferroni test was used for post hoc analyses [21].

### **2.1. Ethical statement**

Ethical approval and voluntary participation; the study was carried out in line with the principles of the Helsinki Declaration. The research was conducted in accordance with ethical rules. Participants were informed about the purpose and scope of the research and voluntary participation was ensured. The identity information of the participants was kept confidential, and the data were analysed anonymously. Within the framework of these methods, the intercultural communication competencies of health professionals working in a university hospital were examined and how these competencies vary according to factors such as demographic characteristics, educational status, and working experience were evaluated. Ethics committee permission numbered 2024-SBB-0179 and dated 14.03.2024, was obtained from the Bartın University Ethics Committee for the research.

### 3. Results

Within the scope of the research, the data obtained from 280 health professionals working at a University Hospital were analysed. The demographic characteristics and intercultural communication competencies of the participants were evaluated.

**Table 1.** Demographic Characteristics of Healthcare Professionals

Variable	Category	n	%
Gender	Female	190	67.8
	Male	90	32.2
Age	25 years and under	209	74.7
	26-35 years	45	16.1
	36-45 years	26	9.2
Marital Status	Single	229	81.6
	Married	51	18.4
Having Children	No	10	18.8
	Yes	42	81.3
Educational Status	High School	35	12.6
	Associate Degree	103	36.8
	Bachelor's Degree	126	44.8
	Masters/Doctorate	16	5.7
Region Leaved The Longest	Mediterranean Region	151	54.0
	Southeastern Anatolia Region	39	13.8
	Central Anatolia Region	26	9.2
	Eastern Anatolia Region	23	8.0
	Marmara Region	16	5.7
	Aegean Region	13	4.6
	Black Sea Region	6	2.3
	Abroad	6	2.3
	Mediterranean Region	154	55.2
	Southeastern Anatolia Region	39	13.8
Family's Longest Residence Region	Central Anatolia Region	29	10.3
	Eastern Anatolia Region	26	9.2
	Marmara Region	16	5.7
	Aegean Region	10	3.4
	Black Sea Region	3	1.1
Having Been Abroad	Abroad	3	1.1
	Yes	42	14.9
Duration of Stay Abroad (years)	No	238	85.1
	0-1 years	26	61.5
	1-2 years	6	15.4
	5 years and over	10	23.1

In this section, 67.8% of the participants were female. When the distribution according to age groups is analysed, 74.7% of the participants are under the age of 25, 16.1% are between the ages of 26-35, and 9.2% are between the ages of 36-45. The majority of the participants were single (81.6%). When the educational status is analysed, associate degree graduates are 36.8% and bachelor's degree graduates are 44.8%. The rate of being abroad is 14.9% and 61.5% of them have been abroad for 1 year or less. The demographic characteristics are given in Table 1.

**Table 2.** Workspace and Experiences of Healthcare Professional.

Variable	Category	n	%
Department Worked In	Paramedic	84	29.9
	Nurse	129	46.0
	Physiotherapist	39	13.8
	Technical/Support Services	19	6.9
	Physician	10	3.4
Total Working Time in the Hospital	0-5 years	113	40.2
	6-10 years	158	56.3
	11-15 years	10	3.4
Total Experience	0-1 years	103	36.8
	1-5 years	71	25.3
	6-10 years	68	24.1
Foreign Language Proficiency	11 years and over	39	13.8
	Yes	126	44.8
	No	154	55.2

In the study the participants, 46% worked as nurses, 29.9% as paramedics, 13.8% as physiotherapists, 6.9% as technical/support services and 3.4% as physicians. In the duration of experience within the hospital, 5 years or less is 40.2%, 6-10 years is 56.3%, 11-15 years is 3.4%. In the total duration of experience, 0-1 year was reported by 36.8%, 1-5 years by 25.3%, and 6-10 years by 24.1%. 44.8% of the participants know a foreign language in table 2.

**Table 3.** Intercultural Communication Competences

Variable	Category	n	%
Willingness to Care for or Treat Patients from Different Cultures	Yes	235	83.9
	No	19	6.9
	Undecided	26	9.2
Receiving Training on Intercultural Patient Care or Treatment	Yes	106	37.9
	No	174	62.1
Willingness to Be Around Patients from Different Cultures	Yes	254	90.8
	No	26	9.2
Sources of Information About the Cultural Backgrounds of Patients from Different Cultures*	Media	145	51.7
	Personal studies	122	43.7
	In-house training	103	36.8
	Previous experiences	97	34.5
	Friends	77	27.6
	Education received at school	68	24.1
	Family experiences	35	12.6
	Travel experiences	29	10.3
Other	35	12.6	

Table 3 Continued.

Variable	Category	n	%
Most Challenging Issues When Providing Care or Treatment to Patients from Different Cultures	Language barrier	229	81.6
	Culturel expectations	100	35.6
	Attitudes towards healthcare workers	39	13.8
	Expectations regarding physiological care and treatment	32	11.5
	Expectations regarding psychological care and treatment	19	6.9
	<b>Spiritual expectations</b>	13	4.6
	<b>Other</b>	39	13.8

\* More than one response was received.

In this section, 83.9% of the participants stated that they would like to care for or treat patients from different cultures. However, only 37.9% of them received training on intercultural patient care and treatment. The proportion of those who would like to be together with patients from different cultures is 90.8%. Media (51.7%), individual studies (43.7%) and in-house training (36.8%) were the most common sources of information about the cultural structures of these patients. The most difficult issues in the care of foreign patients were language problems (81.6%) and then cultural expectations (35.6%) in Table 3.

Table 4. Comparison of Total and Subscales of Scales By Age.

		Mean±Standard Deviation			H value	p value	Groups Making a Difference
		25 years and under (n:209)	26-35 years (n:45)	36-45 years (n:26)			
	Median (Minimum-Maximum)	(a)	(b)	(c)			
Intercultural Sensitivity Scale	Scale Total Score	95.29±11.3 94(73-120)	94.29±9.28 94(80-110)	96.38±16.99 101.5(55-111)	1.216	0.545	
	Responsibility in Communication	28.4±3.84 28(19-35)	28.93±3.93 30(22-35)	29.38±5.1 31(17-35)	1.376	0.503	
	Respect for Cultural Differences	24.66±3.35 25(14-30)	23.29±4.69 24.5(14-30)	24.63±5.81 26.5(10-28)	1.952	0.377	
	Confidence in Communication	12.03±2.64 12(3-15)	11.57±3.28 12.5(3-15)	13±2.75 15(8-15)	1.565	0.457	
	Enjoyment of Communication	18.12±3.69 17(12-25)	18.57±1.9 18.5(15-21)	17.88±4 18.5(11-23)	0.464	0.793	
	Being Careful in Communication	12.08±1.53 12(9-15)	11.93±1.69 12(9-15)	11.5±2.75 12(8-15)	0.244	0.885	

Table 4 Continued.

		Mean±Standard Deviation			H value	p value	Groups Making a Difference
		Median (Minimum-Maximum)					
		25 years and under (n:209)	26-35 years (n:45)	36-45 years (n:26)			
		(a)	(b)	(c)			
Intercultural Effectiveness Scale	Scale Total Score	70.35±10.72 67(50-96)	69.21±7.38 68(54-84)	71.75±14.29 73(44-91)	0.547	0.761	
	Behavioural Flexibility	13.18±2.34 13(4-18)	12.86±3.56 14.5(4-16)	14.25±1.82 14.5(11-16)	1.726	0.422	
	Comfort in Communication	17.91±3.4 17(11-25)	18.07±3.02 17.5(14-25)	16.38±5.32 16(7-23)	0.505	0.777	
	Respect in Communication	12.94±2.21 13(7-15)	12.93±1.97 13(8-15)	13.88±2.67 15(7-15)	2.903	0.234	
	Message Skills	9.52±2.51 9(3-15)	9.14±2.81 9(3-13)	10±3.23 10(4-14)	0.538	0.764	
	Management in Communication	6.89±1.71 7(3-10)	7.07±1.35 7(5-10)	7.5±1.44 7.5(6-10)	1.020	0.600	
	Protection of Identity	9.91±2.2 9(6-15)	9.14±1.91 9(6-13)	9.75±2.78 9.5(6-14)	1.054	0.590	
Intercultural Awareness Scale	Scale Total Score	23.77±8.96 21(10-45)	27.79±11.88 24.5(10-45)	16.63±2.84 17(13-22)	7.051	0.029*	b>c
	Existing Cultural Awareness	10.52±4.45 10(4-20)	12.43±4.72 11(5-20)	5.88±1.72 6(4-8)	12.783	0.002**	b>c b>a
	Perceived Cultural Awareness	5.31±2.34 5(2-10)	6.5±2.67 6.5(2-10)	5.25±2.43 5.5(2-10)	2.193	0.334	
	Cultural Communication Awareness	7.94±3.11 7(3-15)	8.86±4.86 8(3-15)	5.5±2.1 6(3-8)	3.633	0.163	

\*p<0.05; \*\*p<0.01; \*\*\*p<0.001; H: Kruskal Wallis Test

In Table 4, there are statistically significant differences in terms of total and Existing Cultural Awareness sub-dimension of the Intercultural Awareness Scale according to age (p<0.05, p<0.01). 36-45 age group has a lower mean score than the 26-35 age group in the total scale. In the sub-dimension of Existing Cultural Awareness, those under the age of 25 and the 36-45 age group have lower mean scores than the 26-35 age group. It shows in Table 4, that there are significant differences in the total and Existing Cultural Awareness sub-dimensions of the Intercultural Awareness Scale according to age. The 26-35 age group has a higher level of cultural awareness compared to other age groups.

**Table 5.** Comparison of the Total and Subscales of the Scales According to the Willingness to Care or Treat Patients from Different Cultures

		Mean±Standard Deviation Median (Minimum-Maximum)			H value	p value	Groups Making a Differenc e
		Yes (n:235) (a)	No (n:19) (b)	Undecided (n:26) (c)			
Intercultural Sensitivity Scale	Scale Total Score	97.18±10.28 96(78-120)	81.17±16.18 82(55-108)	88±9.04 88(73-101)	10.346	0.006**	a>b
	Responsibility in Communication	29.22±3.57 29(22-35)	25±5.4 26.5(17-31)	25.38±3.53 25.5(21-32)	8.624	0.013*	a>c
	Respect for Cultural Differences	25.21±3.09 25(14-30)	18.67±6.49 17.5(10-28)	21.75±3.09 22(17-27)	11.583	0.003**	a>b
	Confidence in Communication	12.38±2.56 13(3-15)	8.67±3.78 8(3-15)	11.5±2.04 11(9-15)	6.627	0.036*	a>b
	Enjoyment of Communication	18.34±3.53 18(12-25)	16.5±4.31 16.5(11-22)	17.88±1.8 17(15-20)	0.915	0.633	
	Being Careful in Communication	12.03±1.63 12(8-15)	12.33±2.49 13.5(9-15)	11.5±1.61 12(9-13)	0.980	0.613	
	Intercultural Effectiveness Scale	Scale Total Score	72.1±10.19 71(54-96)	59±9.22 63(44-70)	62.38±5.77 63.5(53-71)	11.191	0.004**
Behavioural Flexibility		13.58±2.23 14(4-18)	10±3.89 9.5(4-15)	12.5±2.28 13(9-16)	6.086	0.058	
Comfort in Communication		18.19±3.25 18(11-25)	15.83±6.45 15.5(7-25)	15.63±2.1 16(13-19)	4.800	0.091	
Respect in Communication		13.26±2.18 14(7-15)	12.33±2.76 13.5(7-15)	11.38±1.24 12(9-13)	8.286	0.016*	a>c
Message Skills		9.88±2.56 10(3-15)	6.5±2.63 6(3-11)	8.38±1.01 8.5(7-10)	9.494	0.009**	a>b
Management in Communication		7.15±1.55 7(4-10)	6.5±2.2 6(3-10)	5.75±1.33 6(3-7)	4.702	0.095	
Protection of Identity		10.04±2.28 10(6-15)	7.83±1.1 8(6-9)	8.75±1.11 9(7-11)	8.140	0.017*	a>b
Intercultural Awareness Scale		Scale Total Score	23.64±9.63 20(10-45)	24.33±8.89 21.5(14-36)	24.38±8.99 19.5(15-43)	0.221	0.895
	Existing Cultural Awareness	10.41±4.66 9(4-20)	10.5±5.06 9.5(4-19)	10.25±3.74 9(7-18)	0.013	0.993	
	Perceived Cultural Awareness	5.47±2.44 5(2-10)	5.83±2.47 6(2-9)	5.5±2.45 5(2-10)	0.167	0.920	
	Cultural Communication Awareness	7.77±3.55 7(3-15)	8±2.65 7.5(5-13)	8.63±3.22 8(5-15)	0.694	0.707	

\*p<0.05; \*\*p<0.01; \*\*\*p<0.001 ; H: Kruskal Wallis Test

In Table 5 there are statistically significant differences in the total and sub-dimensions of the Intercultural Sensitivity Scale according to the status of caring or treating patients from different cultures (p<0.05, p<0.01). In the total score of the scale, Respect for Cultural Differences and Confidence in Communication sub-dimensions, the average of those who answered yes was higher than those who answered no. In the Responsibility in Communication sub-dimension, the mean score of those who answered yes was higher than those who answered undecided. There are statistically significant differences (p<0.05, p<0.01) in the total, Respect in Communication, Message Skills, Preservation of Identity sub-dimensions of the Intercultural Effectiveness Scale according to the condition of caring or treating patients from different cultures. In the total score of the scale, those who answered yes had higher mean scores than those who answered no or undecided, in the Respect in Communication



dimension, those who answered yes had higher mean scores than those who answered undecided, and in the Message Skills and Preservation of Identity subdimensions, those who answered yes had higher mean scores than those who answered no.

**Table 6.** Comparison of Total and Subscales of the Scales According to Receiving Training on Intercultural Patient Care or Treatment

		Mean±Standard Deviation Median (Minimum-Maximum)		Z value	p value
		Yes (n:106)	No (n:174)		
Intercultural Sensitivity Scale	Scale Total Score	98.97±10.83 100(80-120)	92.94±11.5 92(55-116)	-2.263	0.024*
	Responsibility in Communication	29.97±3.29 31(25-35)	27.72±4.14 28(17-35)	-2.313	0.021*
	Respect for Cultural Differences	24.88±4.64 26(14-30)	24.17±3.33 25(10-30)	-1.657	0.097
	Confidence in Communication	12.24±3.27 13(3-15)	11.93±2.42 11(7-15)	-1.023	0.306
	Enjoyment of Communication	19.48±3.38 20(14-25)	17.37±3.31 17(11-25)	-2.556	0.011*
	Being Careful in Communication	12.39±1.64 12(8-15)	11.76±1.69 12(8-15)	-1.542	0.123
Intercultural Effectiveness Scale	Scale Total Score	74.52±11.37 73(56-96)	67.72±9.27 66(44-91)	-2.478	0.013*
	Behavioural Flexibility	13.06±3.34 14(4-17)	13.33±1.92 13.5(8-18)	-0.562	0.574
	Comfort in Communication	19.85±3.37 20(14-25)	16.54±3.1 17(7-25)	-3.957	0.000***
	Respect in Communication	13.45±2.13 15(9-15)	12.76±2.25 13(7-15)	-1.765	0.078
	Message Skills	10.03±3.2 10(3-15)	9.19±2.16 9(4-14)	-1.679	0.093
	Management in Communication	7.76±1.6 8(5-10)	6.5±1.47 6(3-10)	-3.300	0.001**
	Protection of Identity	10.36±2.6 9(6-15)	9.41±1.88 9(6-15)	-1.413	0.158
Intercultural Awareness Scale	Scale Total Score	24.45±10.5 21(10-45)	23.33±8.83 20(10-42)	-0.368	0.713
	Existing Cultural Awareness	10.85±4.73 9(4-20)	10.13±4.51 9(4-20)	-0.694	0.488
	Perceived Cultural Awareness	5.79±2.82 6(2-10)	5.31±2.16 5(2-10)	-0.629	0.529
	Cultural Communication Awareness	7.82±4.01 7(3-15)	7.89±3.1 7(3-15)	-0.572	0.567

\*p<0.05; \*\*p<0.01; \*\*\*p<0.001; Z: Mann Whitney U test

In Table 6; there are statistically significant differences in terms of the total Intercultural Sensitivity Scale and the sub-dimensions of Responsibility in Communication and Enjoyment of Communication according to the status of receiving training on intercultural patient care or treatment (p<0.05). In both the total scale score and sub-dimensions, the mean score of those who stated that they received training was higher than those who did not receive training. There are statistically significant differences in the total Intercultural Effectiveness Scale and the sub-dimensions of Comfort in Communication and Management in Communication according to the status of receiving training on intercultural patient care or treatment (p<0.05, p<0.01, p<0.001). In both the total scale score and sub-dimensions, the mean score of those who stated that they received training was higher than those who did not receive training. There were no statistically significant differences in the total and sub-

dimensions of the Intercultural Awareness Scale according to the status of receiving training on intercultural patient care or treatment ( $p>0.05$ ). It shows that those who receive training on intercultural patient care or treatment create positive effects in terms of both Intercultural Sensitivity and Intercultural Effectiveness. There is no significant difference in terms of Intercultural Awareness.

**Table 7.** Comparison of the Total and Subscales of the Scales According to the Desire to be with Patients from Different Cultures

		Mean±Standard Deviation		Z value	p value
		Median (Minimum-Maximum)			
		Yes (n:254)	No (n:26)		
Intercultural Sensitivity Scale	Scale Total Score	96.73±10.58 96(73-120)	80.38±10.99 85(55-92)	-3.418	0.001**
	Responsibility in Communication	29.15±3.57 29(21-35)	22.88±3.36 23.5(17-27)	-3.700	0.000***
	Respect for Cultural Differences	24.89±3.53 25(14-30)	20±4.5 21(10-25)	-3.115	0.002**
	Confidence in Communication	12.18±2.79 13(3-15)	10.75±2.27 11(8-14)	-1.718	0.086
	Enjoyment of Communication	18.39±3.46 18(12-25)	16±3.02 17(11-20)	-1.751	0.080
	Being Careful in Communication	12.13±1.65 12(8-15)	10.75±1.67 11(9-14)	-2.163	0.031*
Intercultural Effectiveness Scale	Scale Total Score	71.54±10.06 70(53-96)	58±8.02 59.5(44-68)	-3.124	0.002**
	Behavioural Flexibility	13.38±2.51 14(4-18)	11.75±2.49 12(8-15)	-1.760	0.078
	Comfort in Communication	18.19±3.35 18(11-25)	13.88±3.44 15(7-17)	-2.835	0.005**
	Respect in Communication	13.27±2.09 14(7-15)	10.63±2.16 11(7-14)	-3.155	0.002**
	Message Skills	9.67±2.65 9(3-15)	7.88±1.8 7.5(5-11)	-2.040	0.041*
	Management in Communication	7.11±1.61 7(3-10)	5.63±1.24 6(3-7)	-2.317	0.020*
Intercultural Awareness Scale	Protection of Identity	9.92±2.24 9(6-15)	8.25±1.42 8(6-11)	-2.143	0.032*
	Scale Total Score	23.91±9.76 20(10-45)	22.25±6.3 20.5(14-33)	-0.118	0.906
	Existing Cultural Awareness	10.49±4.72 9(4-20)	9.5±3.1 9.5(4-14)	-0.273	0.785
	Perceived Cultural Awareness	5.51±2.48 5(2-10)	5.38±1.9 5.5(2-8)	-0.141	0.888
	Cultural Communication Awareness	7.91±3.56 7(3-15)	7.38±2.39 6.5(5-12)	-0.333	0.739

\* $p<0.05$ ; \*\* $p<0.01$ ; \*\*\* $p<0.001$ ; Z: Mann Whitney U test

In this section, there are statistically significant differences in terms of total, Responsibility in Communication, Respect for Cultural Differences and Being Careful in Communication sub-dimensions of the Intercultural Sensitivity Scale according to the state of wanting to be together with patients from different cultures ( $p<0.01$ ,  $p<0.001$ ). In total and all significant sub-dimensions, the mean scores of those who answered yes were higher than those who answered no. There are statistically significant differences in the total, Comfort in Communication, Respect in Communication, Message Skills, Communication Management, and Preservation of Identity sub-dimensions of the Intercultural Effectiveness Scale according to the state of wanting to be together with patients from different cultures

( $p < 0.05$ ,  $p < 0.01$ ). In total and in all significant sub-dimensions, the average scores of those who answered yes were higher than those who answered no. It shows that the state of wanting to be together with patients from different cultures has positive effects in terms of both Intercultural Sensitivity and Intercultural Effectiveness in Table 7.

#### 4. Discussion

This study investigated the intercultural communication competences of healthcare professionals, focusing on cultural awareness, intercultural sensitivity, and intercultural effectiveness across different age groups. A significant finding was that the 26-35 age group demonstrated higher levels of cultural awareness compared to other age groups. This aligns with existing literature that suggests younger age groups tend to exhibit higher cultural awareness levels. For instance, research found that individuals under 25 years old had higher cultural awareness, while another reported that the 26-35 age group had the highest levels of awareness, with lower levels observed in the 36-45 age group [1, 9, 10, 15].

Additionally, Pham et al, (2023) highlighted that younger professional (under 25) benefited more from cultural awareness training, resulting in significant increases in their cultural awareness levels [8]. Another research discovered that the 25-35 age group not only possessed high cultural awareness but also saw a positive impact on their job performance. Further supported these findings by demonstrating that the 26-35 age group had the highest cultural awareness levels and were more effective in delivering health services [10, 11, 13].

The higher cultural awareness observed in the 26-35 age group may be attributed to several factors. This age group is typically more active in both business and social environments, facilitating interactions with diverse cultures. Moreover, younger professionals have increased access to global information through technology and social media, which may enhance their cultural awareness. Additionally, this age group is often exposed to cultural diversity trainings during their education and early career development, contributing to their higher levels of cultural competence [2, 6, 8, 14].

Conversely, the lower cultural awareness in the under-25 age group may be due to their limited work and social experiences compared to the 26-35 age group. Although younger individuals may participate in cultural diversity courses during their education, they may have fewer real-world experiences and professional interactions that deepen their cultural understanding. In contrast, the 26-35 age group is more likely to encounter cultural diversity in their careers, fostering a more profound and practical comprehension of intercultural interactions [3, 13, 17, 20].

Regarding intercultural training, this study found that healthcare professionals who received intercultural training demonstrated higher scores in both intercultural sensitivity and intercultural effectiveness. This is consistent with existing literature that emphasizes the positive impact of intercultural training programs. In the literature reported significant increases in intercultural sensitivity and effectiveness among healthcare professionals who underwent training. Similarly in another research, observed that training programs effectively enhanced cultural sensitivity and communication skills, although they noted limited effects on cultural awareness. In literature found that while intercultural training significantly improved sensitivity and effectiveness, there was no substantial change in cultural awareness levels. These findings suggest that while intercultural training is effective in enhancing certain aspects of cultural competence, its impact on overall cultural awareness may be limited [6, 7, 12, 16, 17, 18].

Furthermore, studies have demonstrated that intercultural sensitivity and effectiveness are critical for effective patient care. It's demonstrated that healthcare professionals with high cultural awareness communicate more effectively with patients from diverse backgrounds, leading to increased patient satisfaction and improved health outcomes. Similarly, it's found that intercultural effectiveness is essential for effective communication in both face-to-face and digital healthcare platforms. These

studies reinforce the importance of intercultural competence in enhancing the quality of healthcare services [13, 19, 20].

However, discrepancies in the literature regarding cultural awareness levels across age groups highlight the complexity of cultural awareness as a construct influenced by multiple variables, including age, training, and professional experience. While some studies support the notion that younger professionals exhibit higher cultural awareness, others emphasize the role of professional experience and targeted training in fostering cultural competence across all age groups. This underscores the multifaceted nature of cultural awareness and suggests that both educational interventions and practical, real-world experiences are essential for developing comprehensive intercultural competence [4, 5, 17, 18, 20].

The sample of this study is limited to healthcare professionals from a single university hospital, and the generalizability of the findings to other healthcare institutions or broader geographical regions needs to be addressed. Nevertheless, despite this limitation, the study provides valuable insights into the assessment and development of healthcare professionals' intercultural communication skills. Future studies employing a larger and more heterogeneous sample could enhance the generalizability of the findings and allow for a more comprehensive examination of the long-term effects of intercultural communication competence.

## 5. Conclusion and Recommendations

This study highlights the importance of cultural awareness and sensitivity in healthcare services, finding that younger age groups (particularly those aged 26-35) and associate degree graduates demonstrate higher levels of cultural awareness and sensitivity. Intercultural training has been shown to enhance the sensitivity and effectiveness of healthcare professionals, thereby improving patient satisfaction and the quality of healthcare services. In conclusion, it is recommended to increase and continuously update intercultural training programs for healthcare professionals, introduce cultural awareness training from early education stages, encourage practical experiences that facilitate interactions with diverse cultures, support research on cultural sensitivity and its effectiveness by integrating findings into health policies, and organize events to raise awareness of cultural diversity in healthcare settings.

### **Ethical Statement:**

Ethics committee permission was obtained for the research. Ethics committee permission numbered 2024-SBB-0179 and dated 14.03.2024, was obtained from the Bartın University Ethics Committee for the research.

### **Conflict of interest:**

The authors declare that there is no conflict of interest.

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### **Authors' Contribution:**

The author's contribution to the study is equal.

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